

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/19/2020 1:43 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report	Date: 8/19/2020 Time: 1:43 pm
Contractor use only	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low. 5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. ( 15-0074 ) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) HOLLY MILLARD  
Officer or Administrator of Provider(s)

NETWORK SR VP OF FINANCE  
Title

(Dated when report is electronically signed.)  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	365,813	620,167	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	365,813	620,167	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 1:43 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1500 NORTH RITTER AVENUE	PO Box:							1.00	
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	County: MARION					2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HEALTH NETWORK, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,490	1,309	0	86	24,647	51		24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	11/01/2019	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N				60.00	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Y			32.85	29.67		61.00
Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)							
61.01							61.01
Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							
61.02							61.02
Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							
61.03							61.03
Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							
61.04							61.04
Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).							
61.05							61.05
Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							
61.06							61.06
Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10				0.00	0.00		61.10
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.							
61.20		FAMILY MEDICINE	1350	0.00	0.00		61.20
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.							
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
62.00					0.00		62.00
Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)							
62.01					0.00		62.01
Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)							
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00					Y		63.00
Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)							
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00			0.17	3.25	0.049708		64.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)							

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.92	25.07	0.135219		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			3.05	10.09	0.232116		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	5.55	27.62	0.167320		67.00
				1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 1:43 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,406,566	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 1:43 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101		141.00		
142.00	Street: 1500 N RITTER	PO Box: SERVICES				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	Part A	Part B	Title V	Title XIX	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
						1.00	165.00	
						N		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
166.00								
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						Y		
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
						1.00	168.00	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								
						1.00	168.01	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								
						1.00	169.00	
						0.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 1:43 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/26/2020			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/26/2020	Y	06/26/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-2  
Part II  
Date/Time Prepared:  
8/19/2020 1:43 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BI SHOP		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 1:43 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NETWORK DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	267	94,642	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		267	94,642	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	50	18,282	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	18	6,218	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		335	119,142	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		335				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,658	8,193	71,932			1.00
2.00 HMO and other (see instructions)	11,493	24,684				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,658	8,193	71,932			7.00
8.00 INTENSIVE CARE UNIT	4,045	0	11,736			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	2,161			12.00
13.00 NURSERY		1,655	1,959			13.00
14.00 Total (see instructions)	19,703	9,848	87,788	46.26	2,747.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			312			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				46.26	2,747.44	27.00
28.00 Observation Bed Days		2,238	7,491			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			742			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	51	390			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,546	1,506	18,971	1.00
2.00 HMO and other (see instructions)				2,422	4,818		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,546	1,506	18,971	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part II  
Date/Time Prepared:  
8/19/2020 1:43 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	193,232,697	-1,109,187	192,123,510	5,714,671.00	33.62
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		267,363	0	267,363	1,635.00	163.52
4.01	Physicians - Part A - Teaching		698,314	0	698,314	3,767.00	185.38
5.00	Physician and Non-Physician-Part B		9,431,460	0	9,431,460	100,092.00	94.23
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,878,630	3,878,630	129,213.00	30.02
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,116,594	-10,080	4,106,514	176,887.00	23.22
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,440,081	0	3,440,081	27,065.00	127.10
12.00	Contract labor: Top level management and other management and administrative services		2,213,732	0	2,213,732	13,415.00	165.02
13.00	Contract Labor: Physician-Part A - Administrative		3,319,955	0	3,319,955	25,901.00	128.18
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		63,537,766	0	63,537,766	1,599,756.00	39.72
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		49,390,170	0	49,390,170		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,526,753	0	1,526,753		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		18,853	0	18,853		
22.01	Physician Part A - Teaching		43,436	0	43,436		
23.00	Physician Part B		1,154,135	0	1,154,135		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		873,580	0	873,580		
25.50	Home office wage-related (core)		15,268,506	0	15,268,506		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part II  
Date/Time Prepared:  
8/19/2020 1:43 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	214,580	0	214,580	4,214.00	50.92	26.00
27.00	Administrative & General	10,931,388	-16,406	10,914,982	298,437.00	36.57	27.00
28.00	Administrative & General under contract (see inst.)	15,596,563	0	15,596,563	155,314.00	100.42	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,734,232	-11,428	2,722,804	113,379.00	24.02	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,634,771	-18,265	2,616,506	159,021.00	16.45	32.00
33.00	Housekeeping under contract (see instructions)	561,298	0	561,298	13,253.00	42.35	33.00
34.00	Dietary	2,298,650	-1,728,382	570,268	34,033.00	16.76	34.00
35.00	Dietary under contract (see instructions)	508,505	0	508,505	10,400.00	48.89	35.00
36.00	Cafeteria	196,977	1,713,882	1,910,859	112,982.00	16.91	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,622,949	-16,186	2,606,763	86,279.00	30.21	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	6,501,804	-30,395	6,471,409	157,483.00	41.09	40.00
41.00	Medical Records & Medical Records Library	690,258	-2,052	688,206	16,422.00	41.91	41.00
42.00	Social Service	2,150,293	-4,586	2,145,707	55,377.00	38.75	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet S-3  
Part III  
Date/Time Prepared:  
8/19/2020 1:43 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	199,769,289	-4,987,817	194,781,472	5,660,566.00	34.41	1.00
2.00	Excluded area salaries (see instructions)	4,116,594	-10,080	4,106,514	176,887.00	23.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	195,652,695	-4,977,737	190,674,958	5,483,679.00	34.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	72,511,534	0	72,511,534	1,666,137.00	43.52	4.00
5.00	Subtotal wage-related costs (see inst.)	64,677,529	0	64,677,529	0.00	33.92	5.00
6.00	Total (sum of lines 3 thru 5)	332,841,758	-4,977,737	327,864,021	7,149,816.00	45.86	6.00
7.00	Total overhead cost (see instructions)	47,642,268	-113,818	47,528,450	1,216,594.00	39.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/19/2020 1:43 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			6,768,739 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			77,691 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			6,085,662 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			19,203,464 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			4,883,816 9.00
10.00	Dental, Hearing and Vision Plan			189,853 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			107,265 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,630,403 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			414,958 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			13,398,447 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			246,628 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			53,006,926 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 8/19/2020 1:43 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,440,081	53,006,926	1.00
2.00	Hospital	3,440,081	51,480,173	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,526,753	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/19/2020 1:43 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.231295	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		143,459,377	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		454,455,097	6.00	
7.00	Medicaid cost (line 1 times line 6)		105,113,192	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	49,311,204	4,360,601	53,671,805	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,405,435	4,360,601	15,766,036	21.00
22.00	Payments received from patients for amounts previously written off as charity care	7,110	3,747	10,857	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,398,325	4,356,854	15,755,179	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			50,908,801	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,679,906	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,584,471	27.01
28.00	Non-Medicare bad debt expense (see instructions)			48,324,330	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			12,081,741	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			27,836,920	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,836,920	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	27,141,728	27,141,728	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	18,442,553	18,442,553	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	214,580	444,273	658,853	-3,505	655,348	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,931,388	224,719,723	235,651,111	-26,499,035	209,152,076	5.00
7.00	00700	OPERATION OF PLANT	2,734,232	11,872,909	14,607,141	-776,730	13,830,411	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,159,125	1,159,125	0	1,159,125	8.00
9.00	00900	HOUSEKEEPING	2,634,771	1,980,447	4,615,218	-37,634	4,577,584	9.00
10.00	01000	DIETARY	2,298,650	3,447,074	5,745,724	-4,335,765	1,409,959	10.00
11.00	01100	CAFETERIA	196,977	285,985	482,962	4,146,136	4,629,098	11.00
13.00	01300	NURSING ADMINISTRATION	2,622,949	1,019,340	3,642,289	-41,518	3,600,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	818,387	818,387	-2,207,466	-1,389,079	14.00
15.00	01500	PHARMACY	6,501,804	107,948,961	114,450,765	-104,008,865	10,441,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	690,258	609,411	1,299,669	-106	1,299,563	16.00
17.00	01700	SOCIAL SERVICE	2,150,293	513,135	2,663,428	-769	2,662,659	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,774,226	4,774,226	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,214,609	3,154,335	12,368,944	-4,857,124	7,511,820	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,254,554	17,657,899	61,912,453	-6,004,426	55,908,027	30.00
31.00	03100	INTENSIVE CARE UNIT	8,513,766	3,997,137	12,510,903	-1,137,244	11,373,659	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,118,821	466,121	1,584,942	-67,243	1,517,699	35.00
43.00	04300	NURSERY	0	0	0	702,636	702,636	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,461,027	26,284,779	30,745,806	-21,949,612	8,796,194	50.00
51.00	05100	RECOVERY ROOM	665,887	367,120	1,033,007	-134,453	898,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	700,520	931,718	1,632,238	2,637,057	4,269,295	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,892,091	3,145,204	7,037,295	-2,846,947	4,190,348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	358,971	1,187,705	1,546,676	-614,284	932,392	55.00
57.00	05700	CT SCAN	924,519	1,607,342	2,531,861	126,966	2,658,827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	448,696	1,070,872	1,519,568	-725,495	794,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,260,278	31,869,677	35,129,955	-30,344,055	4,785,900	59.00
60.00	06000	LABORATORY	0	13,980,025	13,980,025	-64,950	13,915,075	60.00
64.00	06400	INTRAVENOUS THERAPY	327,983	120,482	448,465	-36,702	411,763	64.00
65.00	06500	RESPIRATORY THERAPY	3,430,876	1,670,784	5,101,660	-627,319	4,474,341	65.00
66.00	06600	PHYSICAL THERAPY	6,346,998	3,442,033	9,789,031	-3,055,561	6,733,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,801,441	1,801,441	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	729,193	729,193	68.00
69.00	06900	ELECTROCARDIOLOGY	2,510,323	693,260	3,203,583	-351,889	2,851,694	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	587,099	448,135	1,035,234	-149,050	886,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,114,208	31,114,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,718,491	26,718,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	122,646,421	122,646,421	73.00
74.00	07400	RENAL DIALYSIS	0	1,516,953	1,516,953	-3,071	1,513,882	74.00
76.00	03330	ENDOSCOPY	390,569	623,676	1,014,245	-392,547	621,698	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,457,086	11,814,508	42,271,594	-1,172,617	41,098,977	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	8,065,494	5,899,491	13,964,985	-151,971	13,813,014	76.03
76.04	03952	WOUND CARE CENTER	1,054,441	2,828,392	3,882,833	-945,260	2,937,573	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	10,807,013	30,234,881	41,041,894	-7,507,790	33,534,104	76.05
76.06	03953	IMAGING CENTERS	2,906,015	5,168,915	8,074,930	-2,204,267	5,870,663	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,312,247	2,312,247	-538	2,311,709	76.07
76.97	07697	CARDIAC REHABILITATION	756,537	377,311	1,133,848	-39,040	1,094,808	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	539,352	539,352	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,794,221	790,260	2,584,481	-43,151	2,541,330	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	298,710	16,039,821	16,338,531	-15,707,045	631,486	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,835,380	2,393,431	4,228,811	-201,754	4,027,057	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.00	09100	EMERGENCY	8,757,717	7,291,715	16,049,432	-1,223,686	14,825,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	189,116,103	554,204,999	743,321,102	1,049,924	744,371,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	208	208	-208	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	166,679	92,469	259,148	0	259,148	194.02
194.03	07953	SCHOOL BASED CLINICS	111,844	147,016	258,860	-172	258,688	194.03
194.04	07954	SMO-NON PROVIDER BASED	531,559	149,119	680,678	0	680,678	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	2,424,855	2,618,633	5,043,488	-911,952	4,131,536	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	881,657	513,091	1,394,748	-137,592	1,257,156	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	193,232,697	557,725,535	750,958,232	0	750,958,232	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,248,258	19,893,470	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,107,450	28,550,003	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,926,816	8,582,164	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-86,705,832	122,446,244	5.00
7.00	00700	OPERATION OF PLANT	-11,904	13,818,507	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,159,125	8.00
9.00	00900	HOUSEKEEPING	0	4,577,584	9.00
10.00	01000	DIETARY	-54,659	1,355,300	10.00
11.00	01100	CAFETERIA	-2,271,317	2,357,781	11.00
13.00	01300	NURSING ADMINISTRATION	5,277,109	8,877,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,227,038	2,837,959	14.00
15.00	01500	PHARMACY	-71,723	10,370,177	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,758,900	6,058,463	16.00
17.00	01700	SOCIAL SERVICE	0	2,662,659	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,136,491	3,637,735	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,682,345	5,829,475	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-966,650	54,941,377	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,373,659	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-45	1,517,654	35.00
43.00	04300	NURSERY	0	702,636	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-451,466	8,344,728	50.00
51.00	05100	RECOVERY ROOM	0	898,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-908,847	3,360,448	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-98,459	4,091,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	932,392	55.00
57.00	05700	CT SCAN	0	2,658,827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	794,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	-200,458	4,585,442	59.00
60.00	06000	LABORATORY	-1,067,993	12,847,082	60.00
64.00	06400	INTRAVENOUS THERAPY	0	411,763	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,474,341	65.00
66.00	06600	PHYSICAL THERAPY	339,601	7,073,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,801,441	67.00
68.00	06800	SPEECH PATHOLOGY	0	729,193	68.00
69.00	06900	ELECTROCARDIOLOGY	309,709	3,161,403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	123,947	1,010,131	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	31,114,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,718,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,552,097	125,198,518	73.00
74.00	07400	RENAL DIALYSIS	0	1,513,882	74.00
76.00	03330	ENDOSCOPY	0	621,698	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-27,289,509	13,809,468	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-9,479,507	4,333,507	76.03
76.04	03952	WOUND CARE CENTER	0	2,937,573	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-5,537,764	27,996,340	76.05
76.06	03953	IMAGING CENTERS	0	5,870,663	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	2,311,709	76.07
76.97	07697	CARDIAC REHABILITATION	-27,365	1,067,443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	539,352	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-733,086	1,808,244	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPINE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	631,486	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-114,453	3,912,604	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	1,608,685	16,434,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-108,826,779	635,544,247	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	259,148	194.02
194.03	07953 SCHOOL BASED CLINICS	0	258,688	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	680,678	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	4,131,536	194.05
194.07	07957 LI FE CHECK	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	0	1,257,156	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-108,826,779	642,131,453	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/19/2020 1:43 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - Chargeable Medical Supplies</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,114,208	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	<b>TOTALS</b>		0	31,114,208	
<b>B - Implantable Device Recl ass</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	26,718,491	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	<b>TOTALS</b>		0	26,718,491	
<b>C - Drugs Charges to Pat</b>					
1.00	OPERATION OF PLANT	7.00	0	1,291	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	122,646,421	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/19/2020 1:43 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
<b>TOTALS</b>					0	122,647,712
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	27,660,654		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
<b>TOTALS</b>					0	27,660,654
<b>E - Interest Expense</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,799,306		1.00
<b>TOTALS</b>					0	12,799,306
<b>F - Other Capital Rental</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,737,153		1.00
2.00	DIETARY	10.00	0	13,738		2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,612		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6  
Date/Time Prepared:  
8/19/2020 1:43 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
<b>TOTALS</b>					<b>4,757,503</b>	
<b>G - STD BENEFIT</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,406		1.00
2.00	OPERATION OF PLANT	7.00	0	11,428		2.00
3.00	HOUSEKEEPING	9.00	0	18,265		3.00
4.00	DIETARY	10.00	0	12,079		4.00
5.00	CAFETERIA	11.00	0	2,421		5.00
6.00	NURSING ADMINISTRATION	13.00	0	16,186		6.00
7.00	PHARMACY	15.00	0	30,395		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,052		8.00
9.00	SOCIAL SERVICE	17.00	0	4,586		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	71,278		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	261,044		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	73,688		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,278		13.00
14.00	OPERATING ROOM	50.00	0	13,965		14.00
15.00	RECOVERY ROOM	51.00	0	3,246		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,415		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,435		17.00
18.00	CT SCAN	57.00	0	760		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,526		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	19,707		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	1,375		21.00
22.00	RESPIRATORY THERAPY	65.00	0	38,952		22.00
23.00	PHYSICAL THERAPY	66.00	0	28,776		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	10,940		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,596		25.00
26.00	ENDOSCOPY	76.00	0	4,489		26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	197,265		27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	68,586		28.00
29.00	WOUND CARE CENTER	76.04	0	6,673		29.00
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	56,830		30.00
31.00	IMAGING CENTERS	76.06	0	19,922		31.00
32.00	CARDIAC REHABILITATION	76.97	0	7,096		32.00
33.00	HEALTHY HEARTS CENTER	90.02	0	7,879		33.00
34.00	INFUSION CENTERS	90.05	0	3,621		34.00
35.00	EMERGENCY	91.00	0	53,947		35.00
36.00	SCHOOL BASED CLINICS	194.03	0	1,503		36.00
37.00	FAMILY PRACTICE MEDICINE	194.05	0	8,577		37.00
<b>TOTALS</b>					<b>1,109,187</b>	
<b>H - Labor and Delivery</b>						
1.00	NURSERY	43.00	498,327	204,309		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,870,267	766,790		2.00
<b>TOTALS</b>					<b>2,368,594</b>	<b>971,099</b>
<b>I - Cafeteria</b>						
1.00	CAFETERIA	11.00	1,716,303			1.00
2.00	CAFETERIA	11.00		2,442,017		2.00
					<b>1,716,303</b>	<b>2,442,017</b>

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/19/2020 1:43 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>J - Therapy Recl ass</b>					
1.00	OCCUPATIONAL THERAPY	67.00	1,220,172	581,269	1.00
2.00	SPEECH PATHOLOGY	68.00	493,905	235,288	2.00
	TOTALS		1,714,077	816,557	
<b>K - Building Depreciation</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,955,254	1.00
	TOTALS		0	13,955,254	
<b>L - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	387,168	1.00
	TOTALS		0	387,168	
<b>M - Radiology Support</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	240,169	85,163	1.00
2.00	CT SCAN	57.00	107,843	38,241	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	17,073	6,054	3.00
4.00	IMAGING CENTERS	76.06	76,046	26,966	4.00
	TOTALS		441,131	156,424	
<b>N - Hyperbaric Oxygen Therapy</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	148,563		1.00
2.00	HYPERBARIC OXYGEN THERAPY	76.98		390,789	2.00
	TOTALS		148,563	390,789	
<b>O - IHH Cat Scan</b>					
1.00	CT SCAN	57.00	631,836	172,727	1.00
	TOTALS		631,836	172,727	
<b>P - Residents Costs</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,878,630	895,596	1.00
	TOTALS		3,878,630	895,596	
500.00	Grand Total: Increases		10,899,134	246,994,692	500.00

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6  
Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - Chargeable Medical Supplies</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,015	0		1.00
2.00	OPERATION OF PLANT	7.00	0	153,998	0		2.00
3.00	DIETARY	10.00	0	830	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	269	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	346,942	0		5.00
6.00	PHARMACY	15.00	0	316,198	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	11,904	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,141,585	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	521,407	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	39,500	0		10.00
11.00	OPERATING ROOM	50.00	0	8,965,456	0		11.00
12.00	RECOVERY ROOM	51.00	0	28,253	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	489,230	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	516,397	0		14.00
15.00	CT SCAN	57.00	0	193,145	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,921	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	14,285,876	0		17.00
18.00	LABORATORY	60.00	0	61	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	33,410	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	527,237	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	94,524	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	60,713	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,955	0		23.00
24.00	RENAL DIALYSIS	74.00	0	2,087	0		24.00
25.00	ENDOSCOPY	76.00	0	177,996	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	37,846	0		26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	777	0		27.00
28.00	WOUND CARE CENTER	76.04	0	267,382	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	678,493	0		29.00
30.00	IMAGING CENTERS	76.06	0	1,160,353	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	17,291	0		31.00
32.00	HEALTHY HEARTS CENTER	90.02	0	23,428	0		32.00
33.00	INFUSION CENTERS	90.05	0	112,840	0		33.00
34.00	KNEE CENTER	90.07	0	3,942	0		34.00
35.00	EMERGENCY	91.00	0	817,717	0		35.00
36.00	SCHOOL BASED CLINICS	194.03	0	172	0		36.00
37.00	FAMILY PRACTICE MEDICINE	194.05	0	26,911	0		37.00
38.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	147	0		38.00
<b>TOTALS</b>			0	31,114,208			
<b>B - Implantable Device Recl ass</b>							
1.00	OPERATING ROOM	50.00	0	11,366,895	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	165,675	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	15,032,403	0		3.00
4.00	ENDOSCOPY	76.00	0	64,303	0		4.00
5.00	WOUND CARE CENTER	76.04	0	88,101	0		5.00
6.00	KNEE CENTER	90.07	0	1,114	0		6.00
<b>TOTALS</b>			0	26,718,491			
<b>C - Drugs Charges to Pat</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	684	0		1.00
2.00	DIETARY	10.00	0	142	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,038	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	579	0		4.00
5.00	PHARMACY	15.00	0	102,996,799	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	64,831	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	32,614	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	464	0		8.00
9.00	OPERATING ROOM	50.00	0	56,258	0		9.00
10.00	RECOVERY ROOM	51.00	0	507	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,572	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,018	0		12.00
13.00	CT SCAN	57.00	0	160,015	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	40,880	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	114,600	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	109	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	630	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	3,875	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,596	0		19.00
20.00	RENAL DIALYSIS	74.00	0	80	0		20.00

RECLASSIFICATIONS

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Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6  
Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
21.00	PSYCHI ATRI C/PSYCHOLOGICAL SERVICES	76.01	0	26,552	0	21.00	
22.00	LUTHERWOOD PARTNERSHIP	76.03	0	18,619	0	22.00	
23.00	WOUND CARE CENTER	76.04	0	43,335	0	23.00	
24.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	2,950,983	0	24.00	
25.00	IMAGING CENTERS	76.06	0	108,937	0	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	2	0	26.00	
27.00	HEALTHY HEARTS CENTER	90.02	0	76	0	27.00	
28.00	INFUSION CENTERS	90.05	0	15,504,969	0	28.00	
29.00	KNEE CENTER	90.07	0	10,785	0	29.00	
30.00	EMERGENCY	91.00	0	29,364	0	30.00	
31.00	FAMILY PRACTICE MEDICINE	194.05	0	392,434	0	31.00	
32.00	GROUP HOMES AND MIS. N_R	194.08	0	365	0	32.00	
	CTRS						
	TOTALS		0	122,647,712			
<b>D - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,339	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,287,491	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	589,439	0	3.00	
4.00	HOUSEKEEPING	9.00	0	7,860	0	4.00	
5.00	DIETARY	10.00	0	190,211	0	5.00	
6.00	CAFETERIA	11.00	0	12,184	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	31,541	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	106,216	0	8.00	
9.00	PHARMACY	15.00	0	102,684	0	9.00	
10.00	I&R SERVICES-OTHER PRGM	22.00	0	63,004	0	10.00	
	COSTS APPRVD						
11.00	ADULTS & PEDIATRICS	30.00	0	1,290,483	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	580,759	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	27,279	0	13.00	
14.00	OPERATING ROOM	50.00	0	1,271,454	0	14.00	
15.00	RECOVERY ROOM	51.00	0	105,077	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	880,981	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	255,293	0	17.00	
18.00	CT SCAN	57.00	0	470,415	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	697,524	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	907,304	0	20.00	
21.00	LABORATORY	60.00	0	64,654	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	2,973	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	97,465	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	91,601	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	283,577	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	119,707	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	503	0	27.00	
28.00	ENDOSCOPY	76.00	0	99,277	0	28.00	
29.00	PSYCHI ATRI C/PSYCHOLOGICAL SERVICES	76.01	0	220,717	0	29.00	
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	109,588	0	30.00	
31.00	WOUND CARE CENTER	76.04	0	6,984	0	31.00	
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,775,288	0	32.00	
33.00	IMAGING CENTERS	76.06	0	1,037,607	0	33.00	
34.00	BREAST DIAGNOSTIC CENTER	76.07	0	538	0	34.00	
35.00	CARDIAC REHABILITATION	76.97	0	21,747	0	35.00	
36.00	HEALTHY HEARTS CENTER	90.02	0	19,487	0	36.00	
37.00	INFUSION CENTERS	90.05	0	50,829	0	37.00	
38.00	KNEE CENTER	90.07	0	185,913	0	38.00	
39.00	EMERGENCY	91.00	0	375,033	0	39.00	
40.00	FAMILY PRACTICE MEDICINE	194.05	0	163,268	0	40.00	
41.00	GROUP HOMES AND MIS. N_R	194.08	0	55,360	0	41.00	
	CTRS						
	TOTALS		0	27,660,654			
<b>E - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,799,306	11	1.00	
	TOTALS		0	12,799,306			
<b>F - Other Capital Rental</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,166	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,371	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	34,584	0	3.00	
4.00	HOUSEKEEPING	9.00	0	29,774	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,670	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,753,729	0	6.00	
7.00	PHARMACY	15.00	0	593,184	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	106	0	8.00	

RECLASSIFICATIONS

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Worksheet A-6  
Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
9.00	SOCIAL SERVICE	17.00	0	769	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7,990	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	167,834	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	2,464	0	12.00	
13.00	OPERATING ROOM	50.00	0	289,549	0	13.00	
14.00	RECOVERY ROOM	51.00	0	616	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,046	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	233	0	16.00	
17.00	CT SCAN	57.00	0	106	0	17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	297	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	3,872	0	19.00	
20.00	LABORATORY	60.00	0	235	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	210	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	1,987	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	334,927	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	2,003	0	24.00	
25.00	RENAL DIALYSIS	74.00	0	401	0	25.00	
26.00	ENDOSCOPY	76.00	0	50,971	0	26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	887,502	0	27.00	
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	22,987	0	28.00	
29.00	WOUND CARE CENTER	76.04	0	106	0	29.00	
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	103,026	0	30.00	
31.00	IMAGING CENTERS	76.06	0	382	0	31.00	
32.00	HEALTHY HEARTS CENTER	90.02	0	160	0	32.00	
33.00	INFUSION CENTERS	90.05	0	38,407	0	33.00	
34.00	EMERGENCY	91.00	0	1,572	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	208	0	35.00	
36.00	FAMILY PRACTICE MEDICINE	194.05	0	329,339	0	36.00	
37.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	81,720	0	37.00	
TOTALS			0	4,757,503			
G - STD BENEFIT							
1.00	ADMINISTRATIVE & GENERAL	5.00	16,406	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	11,428	0	0	2.00	
3.00	HOUSEKEEPING	9.00	18,265	0	0	3.00	
4.00	DIETARY	10.00	12,079	0	0	4.00	
5.00	CAFETERIA	11.00	2,421	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	16,186	0	0	6.00	
7.00	PHARMACY	15.00	30,395	0	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	2,052	0	0	8.00	
9.00	SOCIAL SERVICE	17.00	4,586	0	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	71,278	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	261,044	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	73,688	0	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	8,278	0	0	13.00	
14.00	OPERATING ROOM	50.00	13,965	0	0	14.00	
15.00	RECOVERY ROOM	51.00	3,246	0	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	20,415	0	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	1,435	0	0	17.00	
18.00	CT SCAN	57.00	760	0	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,526	0	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	19,707	0	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	1,375	0	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	38,952	0	0	22.00	
23.00	PHYSICAL THERAPY	66.00	28,776	0	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	10,940	0	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	2,596	0	0	25.00	
26.00	ENDOSCOPY	76.00	4,489	0	0	26.00	
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	197,265	0	0	27.00	
28.00	LUTHERWOOD PARTNERSHIP	76.03	68,586	0	0	28.00	
29.00	WOUND CARE CENTER	76.04	6,673	0	0	29.00	
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	56,830	0	0	30.00	
31.00	IMAGING CENTERS	76.06	19,922	0	0	31.00	
32.00	CARDIAC REHABILITATION	76.97	7,096	0	0	32.00	
33.00	HEALTHY HEARTS CENTER	90.02	7,879	0	0	33.00	
34.00	INFUSION CENTERS	90.05	3,621	0	0	34.00	
35.00	EMERGENCY	91.00	53,947	0	0	35.00	
36.00	SCHOOL BASED CLINICS	194.03	1,503	0	0	36.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-6

Date/Time Prepared:  
8/19/2020 1:43 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
37.00	FAMILY PRACTICE MEDICINE	194.05	8,577	0	0		37.00
	TOTALS		1,109,187	0	0		
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	2,368,594	971,099	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,368,594	971,099	0		
I - Cafeteria							
1.00	DIETARY	10.00	1,716,303				1.00
2.00	DIETARY	10.00		2,442,017			2.00
			1,716,303	2,442,017			
J - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	1,714,077	816,557	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,714,077	816,557	0		
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,955,254	9		1.00
	TOTALS		0	13,955,254	9		
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	387,168	12		1.00
	TOTALS		0	387,168	12		
M - Radiology Support							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	441,131	156,424	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		441,131	156,424	0		
N - Hyperbaric Oxygen Therapy							
1.00	WOUND CARE CENTER	76.04	148,563				1.00
2.00	WOUND CARE CENTER	76.04		390,789			2.00
			148,563	390,789			
O - IHH Cat Scan							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	631,836	172,727	0		1.00
	TOTALS		631,836	172,727	0		
P - Residents Costs							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,878,630	895,596	0		1.00
	TOTALS		3,878,630	895,596	0		
500.00	Grand Total: Decreases		12,008,321	245,885,505			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-7  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,743,049	0	0	0	1.00
2.00	Land Improvements	4,209,543	0	0	0	2.00
3.00	Buildings and Fixtures	462,208,704	218,518,286	0	218,518,286	3.00
4.00	Building Improvements	11,702,937	0	0	536,862	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	188,234,497	25,695,947	0	25,695,947	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	669,098,730	244,214,233	0	244,214,233	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	669,098,730	244,214,233	0	244,214,233	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,209,543	0			2.00
3.00	Buildings and Fixtures	489,131,131	0			3.00
4.00	Building Improvements	11,166,075	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	216,513,907	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	723,763,705	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	723,763,705	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-7  
Part II  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-7  
Part III  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	507,249,798	0	507,249,798	0.700850	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	216,513,907	0	216,513,907	0.299150	0	2.00
3.00	Total (sum of lines 1-2)	723,763,705	0	723,763,705	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,992,005	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,812,850	4,737,153	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,804,855	4,737,153	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	5,514,297	387,168	0	0	19,893,470	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	28,550,003	2.00
3.00	Total (sum of lines 1-2)	5,514,297	387,168	0	0	48,443,473	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-23,259		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-675,965				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	17,596,616				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,137,007		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8

Date/Time Prepared:  
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33.00	A-8 Allied Health Program EMS Tuition	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
		A	-35,945	EMERGENCY		91.00	0 33.00
33.01	Misc Revenue	B	-51,496	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02	Misc Revenue	B	-154,777	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03	Misc Revenue	B	-705,425	OPERATION OF PLANT		7.00	0 33.03
33.04	Misc Revenue	B	-54,659	DIETARY		10.00	0 33.04
33.05	Misc Revenue	B	-99,174	PHARMACY		15.00	0 33.05
33.06	Misc Revenue	B	-32,388	MEDICAL RECORDS & LIBRARY		16.00	0 33.06
33.07	Misc Revenue	B	-10,000	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.07
33.08	Misc Revenue	B	-11,099	ADULTS & PEDIATRICS		30.00	0 33.08
33.09	Misc Revenue	B	-45	NEONATAL INTENSIVE CARE UNIT		35.00	0 33.09
33.10	Misc Revenue	B	-154,130	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11	Misc Revenue	B	-886	LABORATORY		60.00	0 33.11
33.12	Misc Revenue	B	-68,107	PHYSICAL THERAPY		66.00	0 33.12
33.13	Misc Revenue	B	-27,365	CARDIAC REHABILITATION		76.97	0 33.13
33.14	Misc Revenue	B	-49,240	EMERGENCY		91.00	0 33.14
33.15	Space Rental Income	B	-11,760	ADMINISTRATIVE & GENERAL		5.00	0 33.15
33.16	Space Rental Income	B	-515,096	OPERATION OF PLANT		7.00	0 33.16
33.17	Investment Income	B	-1,084,497	LABORATORY		60.00	0 33.17
34.00	50 BMO Loan Non-Allow Interest Expense	A	73,067	CAP REL COSTS-BLDG & FIXT		1.00	11 34.00
34.01	LOC Non-Allow Interest Expense	A	-84,265	CAP REL COSTS-BLDG & FIXT		1.00	11 34.01
34.02	12A Non-Allow Interest Expense	A	-2,120,454	CAP REL COSTS-BLDG & FIXT		1.00	11 34.02
34.03	12B Non-Allow Interest Expense	A	-221,231	CAP REL COSTS-BLDG & FIXT		1.00	11 34.03
34.04	50 BMO Loan Non-Allow Interest Expense	A	-73,752	CAP REL COSTS-BLDG & FIXT		1.00	11 34.04
34.05	12B Non-Allow Interest Expense	A	-902,468	CAP REL COSTS-BLDG & FIXT		1.00	11 34.05
34.06	00 Non-Allow Interest Expense	A	-3,955,906	CAP REL COSTS-BLDG & FIXT		1.00	11 34.06
34.10	HAF Tax Offset	A	-25,635,968	ADMINISTRATIVE & GENERAL		5.00	0 34.10
35.00	Bad Debt	A	-30,540,599	ADMINISTRATIVE & GENERAL		5.00	0 35.00
35.01	Bad Debt	A	-149,651	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 35.01
35.02	Bad Debt	A	-588,574	ADULTS & PEDIATRICS		30.00	0 35.02
35.03	Bad Debt	A	-3,434	OPERATING ROOM		50.00	0 35.03
35.04	Bad Debt	A	-52,012	PHYSICAL THERAPY		66.00	0 35.04
35.06	Bad Debt	A	-62,346	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 35.06
35.07	Bad Debt	A	-9,485	KNEE CENTER		90.07	0 35.07
35.08	Bad Debt	A	-3,246	EMERGENCY		91.00	0 35.08
36.00	CARDIAC CATH SHARED SVC	A	-200,458	CARDIAC CATHETERIZATION		59.00	0 36.00
36.01	CARDIAC MONITORING SHARED SVC	A	201,770	ELECTROCARDIOLOGY		69.00	0 36.01
36.02	Non Allow Marketing Expense	A	-488,373	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.03	Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT		1.00	9 36.03
36.04	Depreciation Carryforward	A	58,703	CAP REL COSTS-MVBLE EQUIP		2.00	9 36.04
36.05	Meals on Wheels Cost	A	-134,310	CAFETERIA		11.00	0 36.05
36.06	Pavillions	A	-1,873,982	ADMINISTRATIVE & GENERAL		5.00	0 36.06
36.07	Physician Assistant Offset	A	-352,166	ADULTS & PEDIATRICS		30.00	0 36.07
36.08	Physician Assistant Offset	A	-103,304	OPERATING ROOM		50.00	0 36.08
36.09	Nurse Practitioner Offset	A	-506,098	ADULTS & PEDIATRICS		30.00	0 36.09
36.10	Nurse Practitioner Offset	A	-344,728	OPERATING ROOM		50.00	0 36.10
36.11	Nurse Practitioner Offset	A	-87,088	KNEE CENTER		90.07	0 36.11
36.12	Nurse Practitioner Offset	A	-1,028,977	HEALTHY HEARTS CENTER		90.02	0 36.12
36.13	Gallahue Professional Fee	A	-27,225,963	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 36.13
36.14	Gallahue Professional Fee	A	-9,479,507	LUTHERWOOD PARTNERSHIP		76.03	0 36.14
36.15	Sponsorship	A	-81,272	ADMINISTRATIVE & GENERAL		5.00	0 36.15
36.16	Sponsorship	A	-1,066	PHYSICAL THERAPY		66.00	0 36.16
36.17	Sponsorship	A	-5,380	KNEE CENTER		90.07	0 36.17
36.18	Anderson Cancer Center	A	-13,666,456	ONCOLOGY-CANCER CARE CENTER		76.05	0 36.18
36.19	OB Laborist Loss	A	-908,847	DELIVERY ROOM & LABOR ROOM		52.00	0 36.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-108,826,779				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet A-8 Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0074

Period: From 01/01/2019 To 12/31/2019

Worksheet A-8-1

Date/Time Prepared: 8/19/2020 1:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	3,637,735	4,774,226 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS & RESIDENTS	4,834,220	6,344,514 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	190,349	143,466 3.00
3.01	60.00	LABORATORY	1400 N RITTER	70,603	53,213 3.01
3.02	15.00	PHARMACY	1400 N RITTER	111,452	84,001 3.02
3.03	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	203,469	153,354 3.03
3.04	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	62,197	46,878 3.04
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	10,048,747	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	8,256,426	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	94,248,812	122,109,664 4.02
4.03	7.00	OPERATION OF PLANT	HOME OFFICE	1,161,734	0 4.03
4.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	5,277,109	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	4,227,038	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	4,791,288	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	624,974	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	55,671	0 4.08
4.09	66.00	PHYSICAL THERAPY	HOME OFFICE	460,786	0 4.09
4.10	69.00	ELECTROCARDIOLOGY	HOME OFFICE	107,939	0 4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	108,628	0 4.11
4.12	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	2,552,097	0 4.12
4.13	76.05	ONCOLOGY-CANCER CARE CENTER	HOME OFFICE	6,409,137	0 4.13
4.14	90.02	HEALTHY HEARTS CENTER	HOME OFFICE	295,891	0 4.14
4.15	91.00	EMERGENCY	HOME OFFICE	376,139	0 4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	69,741	0 4.16
4.17	91.00	EMERGENCY	CPN ED ON-CALL	1,454,310	0 4.17
4.18	76.05	ONCOLOGY-CANCER CARE CENTER	ANDERSON SUPPORT SERVICES	1,669,440	0 4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			151,305,932	133,709,316 5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:  
8/19/2020 1:43 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-1,136,491	0		1.00
2.00	-1,510,294	0		2.00
3.00	46,883	0		3.00
3.01	17,390	0		3.01
3.02	27,451	0		3.02
3.03	50,115	0		3.03
3.04	15,319	0		3.04
4.00	10,048,747	9		4.00
4.01	8,256,426	0		4.01
4.02	-27,860,852	0		4.02
4.03	1,161,734	0		4.03
4.04	5,277,109	0		4.04
4.05	4,227,038	0		4.05
4.06	4,791,288	0		4.06
4.07	624,974	0		4.07
4.08	55,671	0		4.08
4.09	460,786	0		4.09
4.10	107,939	0		4.10
4.11	108,628	0		4.11
4.12	2,552,097	0		4.12
4.13	6,409,137	0		4.13
4.14	295,891	0		4.14
4.15	376,139	0		4.15
4.16	69,741	0		4.16
4.17	1,454,310	0		4.17
4.18	1,669,440	0		4.18
5.00	17,596,616			5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:  
8/19/2020 1:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	278,114	278,114	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	273,931	0	273,931	211,500	1,664	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	12,400	12,400	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	133,687	133,687	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	1,200	1,200	0	0	0	6.00
7.00	90.07	AGGREGATE-KNEE CENTER	12,500	12,500	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	133,333	133,333	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			845,165	571,234	273,931		1,664	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	169,200	8,460	0	0	0	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	0	0	6.00
7.00	90.07	AGGREGATE-KNEE CENTER	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			169,200	8,460	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	278,114		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	169,200	104,731	104,731		2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	12,400		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	133,687		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0		5.00
6.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	1,200		6.00
7.00	90.07	AGGREGATE-KNEE CENTER	0	0	0	12,500		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	133,333		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	169,200	104,731	675,965		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	19,893,470	19,893,470				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	28,550,003		28,550,003			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	8,582,164	225,951	2,773	8,810,888		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	122,446,244	1,019,533	11,802,052	501,129	135,768,958	5.00
7.00 00700 OPERATION OF PLANT	13,818,507	3,113,642	129,554	125,009	17,186,712	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,159,125	0	0	0	1,159,125	8.00
9.00 00900 HOUSEKEEPING	4,577,584	273,256	35,163	120,129	5,006,132	9.00
10.00 01000 DIETARY	1,355,300	216,341	23,365	26,182	1,621,188	10.00
11.00 01100 CAFETERIA	2,357,781	690,987	144,131	87,731	3,280,630	11.00
13.00 01300 NURSING ADMINISTRATION	8,877,880	232,394	33,253	119,682	9,263,209	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,837,959	438,603	1,862,305	0	5,138,867	14.00
15.00 01500 PHARMACY	10,370,177	185,034	664,058	297,115	11,516,384	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,058,463	42,707	106	31,597	6,132,873	16.00
17.00 01700 SOCIAL SERVICE	2,662,659	82,907	770	98,514	2,844,850	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3,637,735	0	0	178,076	3,815,811	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,829,475	0	71,084	241,713	6,142,272	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	54,941,377	3,810,579	860,242	1,911,047	61,523,245	30.00
31.00 03100 INTENSIVE CARE UNIT	11,373,659	526,494	576,305	387,501	12,863,959	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,517,654	0	27,314	50,987	1,595,955	35.00
43.00 04300 NURSERY	702,636	97,171	65,829	22,879	888,515	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	8,344,728	1,279,958	1,342,402	204,174	11,171,262	50.00
51.00 05100 RECOVERY ROOM	898,554	262,628	105,827	30,423	1,297,432	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,360,448	364,699	247,066	118,030	4,090,243	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,091,889	641,342	860,494	128,494	5,722,219	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	932,392	15,006	238,656	27,442	1,213,496	55.00
57.00 05700 CT SCAN	2,658,827	41,963	470,675	76,372	3,247,837	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	794,073	75,143	698,880	21,268	1,589,364	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,585,442	406,497	751,300	148,781	5,892,020	59.00
60.00 06000 LABORATORY	12,847,082	131,149	56,693	0	13,034,924	60.00
64.00 06400 INTRAVENOUS THERAPY	411,763	11,289	3,187	14,995	441,234	64.00
65.00 06500 RESPIRATORY THERAPY	4,474,341	33,097	99,363	155,730	4,762,531	65.00
66.00 06600 PHYSICAL THERAPY	7,073,071	37,502	402,300	211,386	7,724,259	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,801,441	9,885	17,632	56,021	1,884,979	67.00
68.00 06800 SPEECH PATHOLOGY	729,193	3,993	7,137	22,676	762,999	68.00
69.00 06900 ELECTROCARDIOLOGY	3,161,403	19,082	275,426	114,752	3,570,663	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,010,131	0	98,805	26,836	1,135,772	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,114,208	0	0	0	31,114,208	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	26,718,491	0	0	0	26,718,491	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	125,198,518	0	0	0	125,198,518	73.00
74.00 07400 RENAL DIALYSIS	1,513,882	8,508	402	0	1,522,792	74.00
76.00 03330 ENDOSCOPY	621,698	0	150,439	17,726	789,863	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,809,468	142,631	1,099,402	1,389,289	16,440,790	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	4,333,507	0	124,762	367,154	4,825,423	76.03
76.04 03952 WOUND CARE CENTER	2,937,573	136,683	5,977	41,284	3,121,517	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	27,996,340	2,511,482	3,083,154	493,562	34,084,538	76.05
76.06 03953 IMAGING CENTERS	5,870,663	87,946	1,029,069	135,998	7,123,676	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,311,709	60,769	0	0	2,372,478	76.07
76.97 07697 CARDIAC REHABILITATION	1,067,443	202,271	21,594	34,408	1,325,716	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	539,352	26,131	1,122	6,821	573,426	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,808,244	102,678	5,049	82,015	1,997,986	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	631,486	0	71,348	13,548	716,382	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	3,912,604	514,654	20,722	84,266	4,532,246	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	16,434,431	1,645,924	357,001	399,607	18,836,963	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	635,544,247	19,728,509	27,944,188	8,622,349	634,584,932	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	208	0	208	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.02 07952 ACCOUNTABLE CARE	259,148	0	0	7,653	266,801	194.02	
194.03 07953 SCHOOL BASED CLINICS	258,688	0	0	5,066	263,754	194.03	
194.04 07954 SMO-NON PROVIDER BASED	680,678	0	0	24,405	705,083	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	4,131,536	0	493,232	110,936	4,735,704	194.05	
194.07 07957 LIFECHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,257,156	164,961	112,375	40,479	1,574,971	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118 through 201)	642,131,453	19,893,470	28,550,003	8,810,888	642,131,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 8/19/2020 1:43 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	135,768,958				5.00
7.00	00700	OPERATION OF PLANT	4,608,204	21,794,916			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	310,792		1,469,917		8.00
9.00	00900	HOUSEKEEPING	1,342,274	383,382	0	6,731,788	9.00
10.00	01000	DIETARY	434,683	303,530	0	95,430	2,454,831
11.00	01100	CAFETERIA	879,622	969,466	0	304,800	0
13.00	01300	NURSING ADMINISTRATION	2,483,707	326,053	1,575	102,511	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,377,864	615,366	0	193,471	0
15.00	01500	PHARMACY	3,087,842	259,606	0	81,620	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,644,383	59,918	0	18,838	0
17.00	01700	SOCIAL SERVICE	762,778	116,320	0	36,571	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,023,118	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,646,903	0	14,560	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,495,982	5,346,299	664,518	1,680,878	2,087,698
31.00	03100	INTENSIVE CARE UNIT	3,449,162	738,679	113,471	232,241	344,583
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	427,917	0	0	0	0
43.00	04300	NURSERY	238,234	136,332	8,604	42,863	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,995,306	1,795,800	102,622	564,600	3,054
51.00	05100	RECOVERY ROOM	347,875	368,470	0	115,847	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,096,700	511,679	32,293	160,872	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,534,276	899,812	79,706	282,901	0
55.00	05500	RADIOLOGY-THERAPEUTIC	325,370	21,054	3,924	6,619	0
57.00	05700	CT SCAN	870,830	58,875	11,767	18,510	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	426,150	105,426	2,539	33,146	0
59.00	05900	CARDIAC CATHETERIZATION	1,579,804	570,322	32,513	179,309	0
60.00	06000	LABORATORY	3,495,002	184,003	0	57,851	0
64.00	06400	INTRAVENOUS THERAPY	118,306	15,839	0	4,980	0
65.00	06500	RESPIRATORY THERAPY	1,276,958	46,435	65,712	14,599	0
66.00	06600	PHYSICAL THERAPY	2,071,075	52,617	0	16,543	0
67.00	06700	OCCUPATIONAL THERAPY	505,412	13,869	0	4,360	0
68.00	06800	SPEECH PATHOLOGY	204,580	5,602	0	1,761	0
69.00	06900	ELECTROCARDIOLOGY	957,388	26,772	0	8,417	0
70.00	07000	ELECTROENCEPHALOGRAPHY	304,530	0	16,539	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,342,528	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,163,922	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,568,984	0	0	0	0
74.00	07400	RENAL DIALYSIS	408,300	11,937	0	3,753	0
76.00	03330	ENDOSCOPY	211,783	0	1,339	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,408,203	200,113	0	62,915	0
76.03	03951	LUTHERWOOD PARTNERSHIP	1,293,821	0	0	0	0
76.04	03952	WOUND CARE CENTER	836,960	191,768	32,172	60,292	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	9,138,951	3,523,647	19,580	1,107,835	0
76.06	03953	IMAGING CENTERS	1,910,043	123,390	0	38,794	0
76.07	03954	BREAST DIAGNOSTIC CENTER	636,123	85,260	0	26,806	0
76.97	07697	CARDIAC REHABILITATION	355,459	283,789	0	89,223	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	153,750	36,662	0	11,526	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	535,712	144,058	32,847	45,292	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	192,081	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	1,215,213	722,067	0	227,018	0
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	5,050,680	2,309,256	233,636	726,030	19,496
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	133,745,540	21,563,473	1,469,917	6,659,022	2,454,831	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	56	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	71,536	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	70,719	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	189,051	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	1,269,765	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	422,291	231,443	0	72,766	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	135,768,958	21,794,916	1,469,917	6,731,788	2,454,831	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,434,518					11.00
13.00	01300	NURSING ADMINISTRATION	134,794	12,311,849				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	7,325,568			14.00
15.00	01500	PHARMACY	249,863	0	94	15,195,409		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,301	0	53	0	7,882,366	16.00
17.00	01700	SOCIAL SERVICE	88,767	0	280	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	203,836	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	92,055	0	789	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,676,713	7,483,960	77,927	0	608,908	30.00
31.00	03100	INTENSIVE CARE UNIT	361,644	1,614,188	19,967	0	150,636	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	52,603	0	2,479	0	45,796	35.00
43.00	04300	NURSERY	23,014	102,721	1,671	0	8,026	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	197,260	880,466	470,336	0	372,070	50.00
51.00	05100	RECOVERY ROOM	26,301	0	1,947	0	34,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	85,479	381,535	6,391	0	30,124	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,192	0	643	0	165,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,301	0	8,515	0	58,915	55.00
57.00	05700	CT SCAN	101,918	0	530	0	247,069	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,438	0	6	0	39,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	124,931	0	586,288	0	672,261	59.00
60.00	06000	LABORATORY	0	0	100,631	0	480,966	60.00
64.00	06400	INTRAVENOUS THERAPY	13,151	0	0	0	1,649	64.00
65.00	06500	RESPIRATORY THERAPY	141,370	0	2,719	0	82,499	65.00
66.00	06600	PHYSICAL THERAPY	78,904	0	5,293	0	77,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	49,315	0	1,323	0	20,731	67.00
68.00	06800	SPEECH PATHOLOGY	19,726	0	535	0	8,415	68.00
69.00	06900	ELECTROCARDIOLOGY	141,370	0	4,756	0	171,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,301	0	2,571	0	23,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,194,754	0	302,466	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	232,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,709,536	15,195,409	2,326,795	73.00
74.00	07400	RENAL DIALYSIS	0	0	121	0	13,832	74.00
76.00	03330	ENDOSCOPY	16,438	0	4,372	0	12,677	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	170,959	0	13,811	0	62,757	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	7,811	0	3,094	76.03
76.04	03952	WOUND CARE CENTER	49,315	0	8,340	0	38,948	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	493,150	0	24,928	0	667,835	76.05
76.06	03953	IMAGING CENTERS	3,288	0	3,953	0	175,163	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	16,115	76.07
76.97	07697	CARDIAC REHABILITATION	46,027	0	775	0	13,915	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	9,863	0	1,220	0	8,104	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	78,904	0	3,489	0	12,797	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	6,958	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	111,781	0	1,318	0	18,158	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	298	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	414,246	1,848,979	50,855	0	670,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,434,518	12,311,849	7,321,027	15,195,409	7,882,366
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	611	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	179	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	3,751	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,434,518	12,311,849	7,325,568	15,195,409	7,882,366

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	3,849,566				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,042,765			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		7,896,579		22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0			0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	3,154,269	2,428,524	3,802,881	0	30.00
31.00 03100	INTENSIVE CARE UNIT	514,632	50,787	79,528	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	94,761	0	0	0	35.00
43.00 04300	NURSERY	85,904	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	230,584	361,076	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	13,563	21,239	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	136,264	213,379	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03330	ENDOSCOPY	0	0	0	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	173,177	271,181	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04 03952	WOUND CARE CENTER	0	3,788	5,932	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	39,112	61,246	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
91.00 09100 EMERGENCY	0	200,809	314,452	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,849,566	3,276,608	5,130,914	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01	
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,698,653	2,659,958	0	0	194.05	
194.07 07957 LI FE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	67,504	105,707	0	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09	
200.00	Cross Foot Adjustments		0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)		3,849,566	5,042,765	7,896,579	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	107,031,802	-6,231,405	100,800,397	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,533,477	-130,315	20,403,162	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,219,511	0	2,219,511	35.00
43.00	04300	NURSERY	0	0	1,535,884	0	1,535,884	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	19,144,436	-591,660	18,552,776	50.00
51.00	05100	RECOVERY ROOM	0	0	2,191,872	0	2,191,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,395,316	0	6,395,316	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,767,348	0	8,767,348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,664,194	0	1,664,194	55.00
57.00	05700	CT SCAN	0	0	4,557,336	0	4,557,336	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,212,177	0	2,212,177	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,637,448	0	9,637,448	59.00
60.00	06000	LABORATORY	0	0	17,388,179	-34,802	17,353,377	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	595,159	0	595,159	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,392,823	0	6,392,823	65.00
66.00	06600	PHYSICAL THERAPY	0	0	10,375,720	-349,643	10,026,077	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,479,989	0	2,479,989	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,003,618	0	1,003,618	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,881,119	0	4,881,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,509,081	0	1,509,081	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,953,956	0	40,953,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,114,999	0	34,114,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	180,999,242	0	180,999,242	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,960,735	0	1,960,735	74.00
76.00	03330	ENDOSCOPY	0	0	1,036,472	0	1,036,472	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	21,803,906	-444,358	21,359,548	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	6,130,149	0	6,130,149	76.03
76.04	03952	WOUND CARE CENTER	0	0	4,349,032	-9,720	4,339,312	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	49,060,464	0	49,060,464	76.05
76.06	03953	IMAGING CENTERS	0	0	9,378,307	0	9,378,307	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	3,136,782	0	3,136,782	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	2,114,904	0	2,114,904	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	794,551	0	794,551	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	2,851,085	0	2,851,085	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	915,421	0	915,421	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	6,928,159	-100,358	6,827,801	90.07
90.08	09004	PALLIATIVE CARE	0	0	298	0	298	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
91.00	09100	EMERGENCY	0	0	30,675,991	-515,261	30,160,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	627,720,942	-8,407,522	619,313,420	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	264	0	264	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	338,337	0	338,337	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	335,084	0	335,084	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	894,134	0	894,134	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	10,364,259	-4,358,611	6,005,648	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	2,478,433	-173,211	2,305,222	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	642,131,453	-12,939,344	629,192,109	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	225,951	2,773	228,724	228,724	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,019,533	11,802,052	12,821,585	13,011	5.00
7.00 00700	OPERATION OF PLANT	0	3,113,642	129,554	3,243,196	3,246	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	273,256	35,163	308,419	3,119	9.00
10.00 01000	DIETARY	0	216,341	23,365	239,706	680	10.00
11.00 01100	CAFETERIA	0	690,987	144,131	835,118	2,278	11.00
13.00 01300	NURSING ADMINISTRATION	0	232,394	33,253	265,647	3,107	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	438,603	1,862,305	2,300,908	0	14.00
15.00 01500	PHARMACY	0	185,034	664,058	849,092	7,714	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	42,707	106	42,813	820	16.00
17.00 01700	SOCIAL SERVICE	0	82,907	770	83,677	2,558	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,623	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	71,084	71,084	6,276	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	3,810,579	860,242	4,670,821	49,584	30.00
31.00 03100	INTENSIVE CARE UNIT	0	526,494	576,305	1,102,799	10,061	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	27,314	27,314	1,324	35.00
43.00 04300	NURSERY	0	97,171	65,829	163,000	594	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	1,279,958	1,342,402	2,622,360	5,301	50.00
51.00 05100	RECOVERY ROOM	0	262,628	105,827	368,455	790	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	364,699	247,066	611,765	3,064	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	641,342	860,494	1,501,836	3,336	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	15,006	238,656	253,662	712	55.00
57.00 05700	CT SCAN	0	41,963	470,675	512,638	1,983	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	75,143	698,880	774,023	552	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	406,497	751,300	1,157,797	3,863	59.00
60.00 06000	LABORATORY	0	131,149	56,693	187,842	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	11,289	3,187	14,476	389	64.00
65.00 06500	RESPIRATORY THERAPY	0	33,097	99,363	132,460	4,043	65.00
66.00 06600	PHYSICAL THERAPY	0	37,502	402,300	439,802	5,488	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,885	17,632	27,517	1,454	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,993	7,137	11,130	589	68.00
69.00 06900	ELECTROCARDIOLOGY	0	19,082	275,426	294,508	2,979	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	98,805	98,805	697	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	8,508	402	8,910	0	74.00
76.00 03330	ENDOSCOPY	0	0	150,439	150,439	460	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	142,631	1,099,402	1,242,033	36,070	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	124,762	124,762	9,532	76.03
76.04 03952	WOUND CARE CENTER	0	136,683	5,977	142,660	1,072	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	2,511,482	3,083,154	5,594,636	12,814	76.05
76.06 03953	IMAGING CENTERS	0	87,946	1,029,069	1,117,015	3,531	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	60,769	0	60,769	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	202,271	21,594	223,865	893	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	26,131	1,122	27,253	177	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	102,678	5,049	107,727	2,129	90.02
90.03 09001	CLINIC	0	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	71,348	71,348	352	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	514,654	20,722	535,376	2,188	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	0	90.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	1,645,924	357,001	2,002,925	10,375	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	19,728,509	27,944,188	47,672,697	223,828	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	208	208	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	199	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	132	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	634	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	493,232	493,232	2,880	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	164,961	112,375	277,336	1,051	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	19,893,470	28,550,003	48,443,473	228,724	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,834,596					5.00
7.00	00700	OPERATION OF PLANT	435,632	3,682,074				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,380		29,380			8.00
9.00	00900	HOUSEKEEPING	126,890	64,769	0	503,197		9.00
10.00	01000	DIETARY	41,092	51,279	0	7,133	339,890	10.00
11.00	01100	CAFETERIA	83,154	163,783	0	22,784	0	11.00
13.00	01300	NURSING ADMINISTRATION	234,795	55,084	31	7,663	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	130,255	103,961	0	14,462	0	14.00
15.00	01500	PHARMACY	291,906	43,858	0	6,101	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	155,450	10,123	0	1,408	0	16.00
17.00	01700	SOCIAL SERVICE	72,108	19,651	0	2,734	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	96,719	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	155,688	0	291	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,559,430	903,215	13,283	125,642	289,058	30.00
31.00	03100	INTENSIVE CARE UNIT	326,063	124,794	2,268	17,360	47,710	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	40,453	0	0	0	0	35.00
43.00	04300	NURSERY	22,521	23,032	172	3,204	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	283,158	303,386	2,051	42,203	423	50.00
51.00	05100	RECOVERY ROOM	32,886	62,250	0	8,660	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,675	86,444	645	12,025	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,041	152,016	1,593	21,147	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,758	3,557	78	495	0	55.00
57.00	05700	CT SCAN	82,323	9,946	235	1,384	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,286	17,811	51	2,478	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,345	96,351	650	13,403	0	59.00
60.00	06000	LABORATORY	330,396	31,086	0	4,324	0	60.00
64.00	06400	INTRAVENOUS THERAPY	11,184	2,676	0	372	0	64.00
65.00	06500	RESPIRATORY THERAPY	120,716	7,845	1,313	1,091	0	65.00
66.00	06600	PHYSICAL THERAPY	195,787	8,889	0	1,237	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,779	2,343	0	326	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,340	946	0	132	0	68.00
69.00	06900	ELECTROCARDIOLOGY	90,506	4,523	0	629	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,788	0	331	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	788,652	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	677,234	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,173,230	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	38,598	2,017	0	281	0	74.00
76.00	03330	ENDOSCOPY	20,021	0	27	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	416,725	33,807	0	4,703	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	122,310	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	79,121	32,398	643	4,507	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	863,941	595,292	391	82,810	0	76.05
76.06	03953	IMAGING CENTERS	180,564	20,846	0	2,900	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	60,135	14,404	0	2,004	0	76.07
76.97	07697	CARDIAC REHABILITATION	33,603	47,944	0	6,669	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	14,535	6,194	0	862	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	50,643	24,337	657	3,386	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	18,158	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	114,879	121,987	0	16,969	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	477,461	390,130	4,670	54,270	2,699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,643,314	3,642,974	29,380	497,758	339,890		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5	0	0	0	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.02	07952 ACCOUNTABLE CARE	6,763	0	0	0	0		194.02
194.03	07953 SCHOOL BASED CLINICS	6,685	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	17,872	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	120,036	0	0	0	0		194.05
194.07	07957 LIFE CHECK	0	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	39,921	39,100	0	5,439	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	12,834,596	3,682,074	29,380	503,197	339,890		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,107,117					11.00
13.00	01300	NURSING ADMINISTRATION	27,460	593,787				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,549,586			14.00
15.00	01500	PHARMACY	50,902	0	33	1,249,606		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,358	0	18	0	215,990	16.00
17.00	01700	SOCIAL SERVICE	18,084	0	98	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	41,525	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,753	0	274	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	341,579	360,943	27,121	0	16,753	30.00
31.00	03100	INTENSIVE CARE UNIT	73,674	77,851	6,949	0	4,145	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,716	0	863	0	1,260	35.00
43.00	04300	NURSERY	4,688	4,954	582	0	221	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	40,186	42,464	163,691	0	10,237	50.00
51.00	05100	RECOVERY ROOM	5,358	0	678	0	935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,414	18,401	2,224	0	829	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,744	0	224	0	4,556	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,358	0	2,964	0	1,621	55.00
57.00	05700	CT SCAN	20,763	0	185	0	6,798	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,349	0	2	0	1,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,451	0	204,046	0	18,496	59.00
60.00	06000	LABORATORY	0	0	35,023	0	13,233	60.00
64.00	06400	INTRAVENOUS THERAPY	2,679	0	0	0	45	64.00
65.00	06500	RESPIRATORY THERAPY	28,800	0	946	0	2,270	65.00
66.00	06600	PHYSICAL THERAPY	16,074	0	1,842	0	2,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,046	0	460	0	570	67.00
68.00	06800	SPEECH PATHOLOGY	4,019	0	186	0	232	68.00
69.00	06900	ELECTROCARDIOLOGY	28,800	0	1,655	0	4,726	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,358	0	895	0	643	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	415,810	0	8,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,639,127	1,249,606	63,136	73.00
74.00	07400	RENAL DIALYSIS	0	0	42	0	381	74.00
76.00	03330	ENDOSCOPY	3,349	0	1,522	0	349	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,828	0	4,807	0	1,727	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	2,718	0	85	76.03
76.04	03952	WOUND CARE CENTER	10,046	0	2,902	0	1,072	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	100,464	0	8,676	0	18,375	76.05
76.06	03953	IMAGING CENTERS	670	0	1,376	0	4,819	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	443	76.07
76.97	07697	CARDIAC REHABILITATION	9,377	0	270	0	383	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	2,009	0	425	0	223	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	16,074	0	1,214	0	352	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	191	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	22,772	0	459	0	500	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	8	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	84,390	89,174	17,699	0	18,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,107,117	593,787	2,548,006	1,249,606	215,990		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0		194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	213	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	62	0	0		194.05
194.07	07957 LI FE CHECK	0	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	1,305	0	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,107,117	593,787	2,549,586	1,249,606	215,990		202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	INTERNS & RESIDENTS			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	198,910				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	142,867			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		252,366		22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0			0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	162,984				30.00
31.00 03100	INTENSIVE CARE UNIT	26,591				31.00
32.00 03200	CORONARY CARE UNIT	0				32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	4,896				35.00
43.00 04300	NURSERY	4,439				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.00 03330	ENDOSCOPY	0				76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0				76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0				76.03
76.04 03952	WOUND CARE CENTER	0				76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0				76.05
76.06 03953	IMAGING CENTERS	0				76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0				76.07
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0				88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00 09000	CLINIC	0				90.00
90.01 04950	DIABETIC CARE CENTER	0				90.01
90.02 04951	HEALTHY HEARTS CENTER	0				90.02
90.03 09001	CLINIC	0				90.03
90.04 04953	SPINE CENTER	0				90.04
90.05 04954	INFUSION CENTERS	0				90.05
90.06 09002	MEDCHECK CLINICS	0				90.06
90.07 09003	KNEE CENTER	0				90.07
90.08 09004	PALLIATIVE CARE	0				90.08
90.10 09006	WORK SITE CLINICS	0				90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0				90.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
91.00 09100 EMERGENCY	0					91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0					98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		198,910	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00	
191.00 19100 RESEARCH	0					191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00	
194.00 07950 HOME OFFICE	0					194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0					194.01	
194.02 07952 ACCOUNTABLE CARE	0					194.02	
194.03 07953 SCHOOL BASED CLINICS	0					194.03	
194.04 07954 SMO-NON PROVIDER BASED	0					194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0					194.05	
194.07 07957 LI FE CHECK	0					194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194.08	
194.09 07959 SURGERY CENTER EAST	0					194.09	
200.00	Cross Foot Adjustments			142,867	252,366	0	0 200.00
201.00	Negative Cost Centers		0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)		198,910	142,867	252,366	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm		
Cost Center Description			PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	23.03	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH					23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0			23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			8,520,413	0	8,520,413
31.00	03100	INTENSIVE CARE UNIT			1,820,265	0	1,820,265
32.00	03200	CORONARY CARE UNIT			0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT			86,826	0	86,826
43.00	04300	NURSERY			227,407	0	227,407
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			3,515,460	0	3,515,460
51.00	05100	RECOVERY ROOM			480,012	0	480,012
52.00	05200	DELIVERY ROOM & LABOR ROOM			856,486	0	856,486
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,846,493	0	1,846,493
55.00	05500	RADIOLOGY-THERAPEUTIC			299,205	0	299,205
57.00	05700	CT SCAN			636,255	0	636,255
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			839,628	0	839,628
59.00	05900	CARDIAC CATHETERIZATION			1,669,402	0	1,669,402
60.00	06000	LABORATORY			601,904	0	601,904
64.00	06400	INTRAVENOUS THERAPY			31,821	0	31,821
65.00	06500	RESPIRATORY THERAPY			299,484	0	299,484
66.00	06600	PHYSICAL THERAPY			671,248	0	671,248
67.00	06700	OCCUPATIONAL THERAPY			90,495	0	90,495
68.00	06800	SPEECH PATHOLOGY			36,574	0	36,574
69.00	06900	ELECTROCARDIOLOGY			428,326	0	428,326
70.00	07000	ELECTROENCEPHALOGRAPHY			135,517	0	135,517
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,212,784	0	1,212,784
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			683,633	0	683,633
73.00	07300	DRUGS CHARGED TO PATIENTS			6,125,099	0	6,125,099
74.00	07400	RENAL DIALYSIS			50,229	0	50,229
76.00	03330	ENDOSCOPY			176,167	0	176,167
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			1,774,700	0	1,774,700
76.03	03951	LUTHERWOOD PARTNERSHIP			259,407	0	259,407
76.04	03952	WOUND CARE CENTER			274,421	0	274,421
76.05	03480	ONCOLOGY-CANCER CARE CENTER			7,277,399	0	7,277,399
76.06	03953	IMAGING CENTERS			1,331,721	0	1,331,721
76.07	03954	BREAST DIAGNOSTIC CENTER			137,755	0	137,755
76.97	07697	CARDIAC REHABILITATION			323,004	0	323,004
76.98	07698	HYPERBARIC OXYGEN THERAPY			51,678	0	51,678
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC			0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0
90.00	09000	CLINIC			0	0	0
90.01	04950	DIABETIC CARE CENTER			0	0	0
90.02	04951	HEALTHY HEARTS CENTER			206,519	0	206,519
90.03	09001	CLINIC			0	0	0
90.04	04953	SPINE CENTER			0	0	0
90.05	04954	INFUSION CENTERS			90,049	0	90,049
90.06	09002	MEDCHECK CLINICS			0	0	0
90.07	09003	KNEE CENTER			815,130	0	815,130
90.08	09004	PALLIATIVE CARE			8	0	8
90.10	09006	WORK SITE CLINICS			0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE			0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
91.00	09100	EMERGENCY			3,152,243	0	3,152,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	47,035,167	0	47,035,167	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			213	0	213	192.00
194.00	07950	HOME OFFICE			0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS			0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE			6,962	0	6,962	194.02
194.03	07953	SCHOOL BASED CLINICS			7,030	0	7,030	194.03
194.04	07954	SMO-NON PROVIDER BASED			18,506	0	18,506	194.04
194.05	07955	FAMILY PRACTICE MEDICINE			616,210	0	616,210	194.05
194.07	07957	LIFECHECK			0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS			364,152	0	364,152	194.08
194.09	07959	SURGERY CENTER EAST			0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	395,233	0	395,233	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	48,443,473	0	48,443,473	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	722,483				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		28,513,826			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,206	2,769	191,908,930		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	37,027	11,787,099	10,914,982	-135,768,958	5.00
7.00 00700	OPERATION OF PLANT	113,080	129,390	2,722,804	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	9,924	35,118	2,616,506	0	9.00
10.00 01000	DIETARY	7,857	23,335	570,268	0	10.00
11.00 01100	CAFETERIA	25,095	143,948	1,910,859	0	11.00
13.00 01300	NURSING ADMINISTRATION	8,440	33,211	2,606,763	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,929	1,859,945	0	0	14.00
15.00 01500	PHARMACY	6,720	663,216	6,471,409	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,551	106	688,206	0	16.00
17.00 01700	SOCIAL SERVICE	3,011	769	2,145,707	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,878,630	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	70,994	5,264,701	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	138,391	859,152	41,624,916	0	30.00
31.00 03100	INTENSIVE CARE UNIT	19,121	575,575	8,440,078	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	27,279	1,110,543	0	35.00
43.00 04300	NURSERY	3,529	65,746	498,327	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	46,485	1,340,701	4,447,062	0	50.00
51.00 05100	RECOVERY ROOM	9,538	105,693	662,641	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,245	246,753	2,570,787	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,292	859,403	2,798,709	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	545	238,354	597,705	0	55.00
57.00 05700	CT SCAN	1,524	470,078	1,663,438	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,729	697,994	463,243	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,763	750,348	3,240,571	0	59.00
60.00 06000	LABORATORY	4,763	56,621	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	410	3,183	326,608	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,202	99,237	3,391,924	0	65.00
66.00 06600	PHYSICAL THERAPY	1,362	401,790	4,604,145	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	359	17,610	1,220,172	0	67.00
68.00 06800	SPEECH PATHOLOGY	145	7,128	493,905	0	68.00
69.00 06900	ELECTROCARDIOLOGY	693	275,077	2,499,383	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	98,680	584,503	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	309	401	0	0	74.00
76.00 03330	ENDOSCOPY	0	150,248	386,080	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,180	1,098,009	30,259,821	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	124,604	7,996,908	0	76.03
76.04 03952	WOUND CARE CENTER	4,964	5,969	899,205	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	91,211	3,079,246	10,750,183	0	76.05
76.06 03953	IMAGING CENTERS	3,194	1,027,765	2,962,139	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,207	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	7,346	21,567	749,441	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	949	1,121	148,563	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	3,729	5,043	1,786,342	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	71,258	295,089	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	18,691	20,696	1,835,380	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00						
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	0	90.10		
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12		
91.00 09100 EMERGENCY	59,776	356,549	8,703,770	0	0	18,836,963	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00		
OTHER REIMBURSABLE COST CENTERS									
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00		
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			716,492	27,908,778	187,802,416	-135,768,958	498,815,974	118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00		
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	208	0	0	0	208	192.00		
194.00 07950 HOME OFFICE	0	0	0	0	0	0	194.00		
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	0	194.01		
194.02 07952 ACCOUNTABLE CARE	0	0	166,679	0	0	266,801	194.02		
194.03 07953 SCHOOL BASED CLINICS	0	0	110,341	0	0	263,754	194.03		
194.04 07954 SMO-NON PROVIDER BASED	0	0	531,559	0	0	705,083	194.04		
194.05 07955 FAMILY PRACTICE MEDICINE	0	492,607	2,416,278	0	0	4,735,704	194.05		
194.07 07957 LIFE CHECK	0	0	0	0	0	0	194.07		
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	5,991	112,233	881,657	0	0	1,574,971	194.08		
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	0	194.09		
200.00	Cross Foot Adjustments						200.00		
201.00	Negative Cost Centers						201.00		
202.00	19,893,470	28,550,003	8,810,888			135,768,958	202.00		
203.00	27.534862	1.001269	0.045912			0.268126	203.00		
204.00			228,724			12,834,596	204.00		
205.00			0.001192			0.025347	205.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	564,170					7.00
8.00	00800		254,717				8.00
9.00	00900	9,924	0	554,246			9.00
10.00	01000	7,857	0	7,857	83,608		10.00
11.00	01100	25,095	0	25,095	0	1,653	11.00
13.00	01300	8,440	273	8,440	0	41	13.00
14.00	01400	15,929	0	15,929	0	0	14.00
15.00	01500	6,720	0	6,720	0	76	15.00
16.00	01600	1,551	0	1,551	0	8	16.00
17.00	01700	3,011	0	3,011	0	27	17.00
21.00	02100	0	0	0	0	62	21.00
22.00	02200	0	2,523	0	0	28	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	138,391	115,152	138,391	71,104	510	30.00
31.00	03100	19,121	19,663	19,121	11,736	110	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	0	0	0	16	35.00
43.00	04300	3,529	1,491	3,529	0	7	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	46,485	17,783	46,485	104	60	50.00
51.00	05100	9,538	0	9,538	0	8	51.00
52.00	05200	13,245	5,596	13,245	0	26	52.00
54.00	05400	23,292	13,812	23,292	0	25	54.00
55.00	05500	545	680	545	0	8	55.00
57.00	05700	1,524	2,039	1,524	0	31	57.00
58.00	05800	2,729	440	2,729	0	5	58.00
59.00	05900	14,763	5,634	14,763	0	38	59.00
60.00	06000	4,763	0	4,763	0	0	60.00
64.00	06400	410	0	410	0	4	64.00
65.00	06500	1,202	11,387	1,202	0	43	65.00
66.00	06600	1,362	0	1,362	0	24	66.00
67.00	06700	0	359	0	359	15	67.00
68.00	06800	145	0	145	0	6	68.00
69.00	06900	693	0	693	0	43	69.00
70.00	07000	0	2,866	0	0	8	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	309	0	309	0	0	74.00
76.00	03330	0	232	0	0	5	76.00
76.01	03550	5,180	0	5,180	0	52	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03952	4,964	5,575	4,964	0	15	76.04
76.05	03480	91,211	3,393	91,211	0	150	76.05
76.06	03953	3,194	0	3,194	0	1	76.06
76.07	03954	2,207	0	2,207	0	0	76.07
76.97	07697	7,346	0	7,346	0	14	76.97
76.98	07698	949	0	949	0	3	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	3,729	5,692	3,729	0	24	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	18,691	0	18,691	0	34	90.07
90.08	09004	0	0	0	0	0	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	59,776	40,486	59,776	664	126	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	558,179	254,717	548,255	83,608	1,653	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	5,991	0	5,991	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	21,794,916	1,469,917	6,731,788	2,454,831	5,434,518	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.631824	5.770785	12.145849	29.361197	3,287.669691	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,682,074	29,380	503,197	339,890	1,107,117	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.526533	0.115344	0.907895	4.065281	669.762250	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	839					13.00
14.00	01400	0	190,774,056				14.00
15.00	01500	0	2,444	100			15.00
16.00	01600	0	1,377	0	2,677,586,291		16.00
17.00	01700	0	7,302	0	0	87,788	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	20,537	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	510	2,029,411	0	206,830,121	71,932	30.00
31.00	03100	110	519,996	0	51,166,968	11,736	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	64,558	0	15,555,634	2,161	35.00
43.00	04300	7	43,523	0	2,726,360	1,959	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	60	12,248,652	0	126,382,436	0	50.00
51.00	05100	0	50,708	0	11,548,825	0	51.00
52.00	05200	26	166,431	0	10,232,289	0	52.00
54.00	05400	0	16,733	0	56,249,774	0	54.00
55.00	05500	0	221,756	0	20,011,789	0	55.00
57.00	05700	0	13,809	0	83,923,025	0	57.00
58.00	05800	0	161	0	13,283,980	0	58.00
59.00	05900	0	15,268,318	0	228,349,402	0	59.00
60.00	06000	0	2,620,675	0	163,371,490	0	60.00
64.00	06400	0	0	0	560,183	0	64.00
65.00	06500	0	70,798	0	28,022,802	0	65.00
66.00	06600	0	137,839	0	26,286,087	0	66.00
67.00	06700	0	34,445	0	7,041,633	0	67.00
68.00	06800	0	13,943	0	2,858,198	0	68.00
69.00	06900	0	123,849	0	58,339,868	0	69.00
70.00	07000	0	66,962	0	7,937,450	0	70.00
71.00	07100	0	31,114,205	0	102,739,725	0	71.00
72.00	07200	0	0	0	79,003,246	0	72.00
73.00	07300	0	122,646,417	100	790,504,388	0	73.00
74.00	07400	0	3,153	0	4,698,345	0	74.00
76.00	03330	0	113,859	0	4,306,113	0	76.00
76.01	03550	0	359,677	0	21,317,048	0	76.01
76.03	03951	0	203,417	0	1,051,120	0	76.03
76.04	03952	0	217,186	0	13,229,493	0	76.04
76.05	03480	0	649,194	0	226,846,151	0	76.05
76.06	03953	0	102,953	0	59,498,441	0	76.06
76.07	03954	0	0	0	5,473,939	0	76.07
76.97	07697	0	20,183	0	4,726,421	0	76.97
76.98	07698	0	31,771	0	2,752,878	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	90,861	0	4,346,774	0	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	2,363,368	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	0	34,316	0	6,167,659	0	90.07
90.08	09004	0	0	0	101,330	0	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

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Date/Time Prepared:  
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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
91.00	09100	EMERGENCY	126	1,324,371	0	227,781,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	839	190,655,790	100	2,677,586,291	87,788	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	15,918	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	4,672	0	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	97,676	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,311,849	7,325,568	15,195,409	7,882,366	3,849,566	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14,674.432658	0.038399	151,954.090000	0.002944	43.850709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	593,787	2,549,586	1,249,606	215,990	198,910	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	707.731824	0.013364	12,496.060000	0.000081	2.265799	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

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Cost Center Description	INTERNS & RESIDENTS					21.00	22.00	23.00	23.01	23.02
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)					
<b>GENERAL SERVICE COST CENTERS</b>										
1.00 00100	CAP REL COSTS-BLDG & FIXT									1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP									2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT									4.00
5.00 00500	ADMINISTRATIVE & GENERAL									5.00
7.00 00700	OPERATION OF PLANT									7.00
8.00 00800	LAUNDRY & LINEN SERVICE									8.00
9.00 00900	HOUSEKEEPING									9.00
10.00 01000	DIETARY									10.00
11.00 01100	CAFETERIA									11.00
13.00 01300	NURSING ADMINISTRATION									13.00
14.00 01400	CENTRAL SERVICES & SUPPLY									14.00
15.00 01500	PHARMACY									15.00
16.00 01600	MEDICAL RECORDS & LIBRARY									16.00
17.00 01700	SOCIAL SERVICE									17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	437,982								21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		437,982							22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH				0					23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH					0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH							0		23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH								0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00 03000	ADULTS & PEDIATRICS	210,926	210,926		0			0		30.00
31.00 03100	INTENSIVE CARE UNIT	4,411	4,411		0			0		31.00
32.00 03200	CORONARY CARE UNIT	0	0		0			0		32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0		0			0		35.00
43.00 04300	NURSERY	0	0		0			0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
50.00 05000	OPERATING ROOM	20,027	20,027		0			0		50.00
51.00 05100	RECOVERY ROOM	0	0		0			0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0		0			0		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0		0			0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0			0		55.00
57.00 05700	CT SCAN	0	0		0			0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0			0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		0			0		59.00
60.00 06000	LABORATORY	1,178	1,178		0			0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0		0			0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0		0			0		65.00
66.00 06600	PHYSICAL THERAPY	11,835	11,835		0			0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0		0			0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0		0			0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0		0			0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0		0			0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0			0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0			0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0		0			0		73.00
74.00 07400	RENAL DIALYSIS	0	0		0			0		74.00
76.00 03330	ENDOSCOPY	0	0		0			0		76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,041	15,041		0			0		76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0		0			0		76.03
76.04 03952	WOUND CARE CENTER	329	329		0			0		76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0		0			0		76.05
76.06 03953	IMAGING CENTERS	0	0		0			0		76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0		0			0		76.07
76.97 07697	CARDIAC REHABILITATION	0	0		0			0		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0		0			0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>										
88.00 08800	RURAL HEALTH CLINIC	0	0		0			0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0			0		89.00
90.00 09000	CLINIC	0	0		0			0		90.00
90.01 04950	DIABETIC CARE CENTER	0	0		0			0		90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0		0			0		90.02
90.03 09001	CLINIC	0	0		0			0		90.03
90.04 04953	SPINE CENTER	0	0		0			0		90.04
90.05 04954	INFUSION CENTERS	0	0		0			0		90.05
90.06 09002	MEDCHECK CLINICS	0	0		0			0		90.06
90.07 09003	KNEE CENTER	3,397	3,397		0			0		90.07
90.08 09004	PALLIATIVE CARE	0	0		0			0		90.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	17,441	17,441	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	284,585	284,585	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	147,534	147,534	0	0	0	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	5,863	5,863	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,042,765	7,896,579	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.513635	18.029460	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	142,867	252,366	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.326194	0.576202	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
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To 12/31/2019

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Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	04950	DIABETIC CARE CENTER	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	CLINIC	90.03
90.04	04953	SPINE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
90.08	09004	PALLIATIVE CARE	90.08
90.10	09006	WORK SITE CLINICS	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet B-1

Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description			PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	HOME OFFICE	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	194.05
194.07	07957	LIFECHECK	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	194.08
194.09	07959	SURGERY CENTER EAST	0	194.09
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	100,800,397	100,800,397	0	100,800,397	30.00
31.00	03100 INTENSIVE CARE UNIT	20,403,162	20,403,162	0	20,403,162	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,219,511	2,219,511	0	2,219,511	35.00
43.00	04300 NURSERY	1,535,884	1,535,884	0	1,535,884	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	18,552,776	18,552,776	0	18,552,776	50.00
51.00	05100 RECOVERY ROOM	2,191,872	2,191,872	0	2,191,872	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,395,316	6,395,316	0	6,395,316	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,767,348	8,767,348	0	8,767,348	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,664,194	1,664,194	0	1,664,194	55.00
57.00	05700 CT SCAN	4,557,336	4,557,336	0	4,557,336	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,212,177	2,212,177	0	2,212,177	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,637,448	9,637,448	0	9,637,448	59.00
60.00	06000 LABORATORY	17,353,377	17,353,377	0	17,353,377	60.00
64.00	06400 INTRAVENOUS THERAPY	595,159	595,159	0	595,159	64.00
65.00	06500 RESPIRATORY THERAPY	6,392,823	6,392,823	0	6,392,823	65.00
66.00	06600 PHYSICAL THERAPY	10,026,077	10,026,077	0	10,026,077	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,479,989	2,479,989	0	2,479,989	67.00
68.00	06800 SPEECH PATHOLOGY	1,003,618	1,003,618	0	1,003,618	68.00
69.00	06900 ELECTROCARDIOLOGY	4,881,119	4,881,119	0	4,881,119	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,509,081	1,509,081	0	1,509,081	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40,953,956	40,953,956	0	40,953,956	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,114,999	34,114,999	0	34,114,999	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	180,999,242	180,999,242	0	180,999,242	73.00
74.00	07400 RENAL DIALYSIS	1,960,735	1,960,735	0	1,960,735	74.00
76.00	03330 ENDOSCOPY	1,036,472	1,036,472	0	1,036,472	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,359,548	21,359,548	0	21,359,548	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,130,149	6,130,149	0	6,130,149	76.03
76.04	03952 WOUND CARE CENTER	4,339,312	4,339,312	0	4,339,312	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	49,060,464	49,060,464	0	49,060,464	76.05
76.06	03953 IMAGING CENTERS	9,378,307	9,378,307	0	9,378,307	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,136,782	3,136,782	0	3,136,782	76.07
76.97	07697 CARDIAC REHABILITATION	2,114,904	2,114,904	0	2,114,904	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	794,551	794,551	0	794,551	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,851,085	2,851,085	0	2,851,085	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	915,421	915,421	0	915,421	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,827,801	6,827,801	0	6,827,801	90.07
90.08	09004 PALLIATIVE CARE	298	298	0	298	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	30,160,730	30,160,730	0	30,160,730	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,507,278	9,507,278	0	9,507,278	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	628,820,698	628,820,698	0	628,820,698	200.00
201.00	Less Observation Beds	9,507,278	9,507,278	0	9,507,278	201.00
202.00	Total (see instructions)	619,313,420	619,313,420	0	619,313,420	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	194,884,616		194,884,616				30.00
31.00	03100	INTENSIVE CARE UNIT	51,166,968		51,166,968				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,555,634		15,555,634				35.00
43.00	04300	NURSERY	2,726,360		2,726,360				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	101,502,559	24,879,877	126,382,436	0.146799	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,967,548	4,581,277	11,548,825	0.189792	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,232,289	0	10,232,289	0.625013	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,704,642	45,545,132	56,249,774	0.155865	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,875,201	13,136,588	20,011,789	0.083161	0.000000		55.00
57.00	05700	CT SCAN	21,846,759	62,076,266	83,923,025	0.054304	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,678,264	9,605,716	13,283,980	0.166530	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	85,509,913	142,839,489	228,349,402	0.042205	0.000000		59.00
60.00	06000	LABORATORY	76,343,903	87,027,587	163,371,490	0.106220	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	536,806	23,377	560,183	1.062437	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,204,848	2,817,954	28,022,802	0.228129	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,852,721	22,433,366	26,286,087	0.381421	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,884,584	4,157,049	7,041,633	0.352189	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,050,952	1,807,246	2,858,198	0.351137	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,556,649	43,783,219	58,339,868	0.083667	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	956,081	6,981,369	7,937,450	0.190122	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,684,738	50,054,987	102,739,725	0.398619	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,502,823	30,500,423	79,003,246	0.431818	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,652,123	725,852,265	790,504,388	0.228967	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,698,345	0	4,698,345	0.417325	0.000000		74.00
76.00	03330	ENDOSCOPY	2,042,449	2,263,664	4,306,113	0.240698	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	21,317,048	21,317,048	1.001994	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,051,120	1,051,120	5.832016	0.000000		76.03
76.04	03952	WOUND CARE CENTER	624,038	12,605,455	13,229,493	0.328003	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,643,064	225,203,087	226,846,151	0.216272	0.000000		76.05
76.06	03953	IMAGING CENTERS	135,983	59,362,458	59,498,441	0.157623	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	18,446	5,455,493	5,473,939	0.573039	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	85,230	4,641,191	4,726,421	0.447464	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,752,878	2,752,878	0.288626	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	26,582	4,320,192	4,346,774	0.655908	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	2,363,368	2,363,368	0.387337	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	7,971	6,159,688	6,167,659	1.107033	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	101,330	101,330	0.002941	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	44,204,064	183,577,474	227,781,538	0.132411	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,253,408	8,692,097	11,945,505	0.795887	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	859,616,561	1,817,969,730	2,677,586,291				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	859,616,561	1,817,969,730	2,677,586,291				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.146799		50.00
51.00	05100 RECOVERY ROOM	0.189792		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625013		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.155865		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.083161		55.00
57.00	05700 CT SCAN	0.054304		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.166530		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.042205		59.00
60.00	06000 LABORATORY	0.106220		60.00
64.00	06400 INTRAVENOUS THERAPY	1.062437		64.00
65.00	06500 RESPIRATORY THERAPY	0.228129		65.00
66.00	06600 PHYSICAL THERAPY	0.381421		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.352189		67.00
68.00	06800 SPEECH PATHOLOGY	0.351137		68.00
69.00	06900 ELECTROCARDIOLOGY	0.083667		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.190122		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.431818		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228967		73.00
74.00	07400 RENAL DIALYSIS	0.417325		74.00
76.00	03330 ENDOSCOPY	0.240698		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.001994		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5.832016		76.03
76.04	03952 WOUND CARE CENTER	0.328003		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.216272		76.05
76.06	03953 IMAGING CENTERS	0.157623		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.573039		76.07
76.97	07697 CARDIAC REHABILITATION	0.447464		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.288626		76.98
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.655908		90.02
90.03	09001 CLINIC	0.000000		90.03
90.04	04953 SPINE CENTER	0.000000		90.04
90.05	04954 INFUSION CENTERS	0.387337		90.05
90.06	09002 MEDCHECK CLINICS	0.000000		90.06
90.07	09003 KNEE CENTER	1.107033		90.07
90.08	09004 PALLIATIVE CARE	0.002941		90.08
90.10	09006 WORK SITE CLINICS	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100 EMERGENCY	0.132411		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.795887		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm		
			Title XIX	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	107,031,802		107,031,802	0	107,031,802	30.00
31.00	03100 INTENSIVE CARE UNIT	20,533,477		20,533,477	0	20,533,477	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2,219,511		2,219,511	0	2,219,511	35.00
43.00	04300 NURSERY	1,535,884		1,535,884	0	1,535,884	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	19,144,436		19,144,436	0	19,144,436	50.00
51.00	05100 RECOVERY ROOM	2,191,872		2,191,872	0	2,191,872	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,395,316		6,395,316	0	6,395,316	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,767,348		8,767,348	0	8,767,348	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,664,194		1,664,194	0	1,664,194	55.00
57.00	05700 CT SCAN	4,557,336		4,557,336	0	4,557,336	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,212,177		2,212,177	0	2,212,177	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,637,448		9,637,448	0	9,637,448	59.00
60.00	06000 LABORATORY	17,388,179		17,388,179	0	17,388,179	60.00
64.00	06400 INTRAVENOUS THERAPY	595,159		595,159	0	595,159	64.00
65.00	06500 RESPIRATORY THERAPY	6,392,823	0	6,392,823	0	6,392,823	65.00
66.00	06600 PHYSICAL THERAPY	10,375,720	0	10,375,720	0	10,375,720	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,479,989	0	2,479,989	0	2,479,989	67.00
68.00	06800 SPEECH PATHOLOGY	1,003,618	0	1,003,618	0	1,003,618	68.00
69.00	06900 ELECTROCARDIOLOGY	4,881,119		4,881,119	0	4,881,119	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,509,081		1,509,081	0	1,509,081	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40,953,956		40,953,956	0	40,953,956	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,114,999		34,114,999	0	34,114,999	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	180,999,242		180,999,242	0	180,999,242	73.00
74.00	07400 RENAL DIALYSIS	1,960,735		1,960,735	0	1,960,735	74.00
76.00	03330 ENDOSCOPY	1,036,472		1,036,472	0	1,036,472	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,803,906		21,803,906	0	21,803,906	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,130,149		6,130,149	0	6,130,149	76.03
76.04	03952 WOUND CARE CENTER	4,349,032		4,349,032	0	4,349,032	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	49,060,464		49,060,464	0	49,060,464	76.05
76.06	03953 IMAGING CENTERS	9,378,307		9,378,307	0	9,378,307	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,136,782		3,136,782	0	3,136,782	76.07
76.97	07697 CARDIAC REHABILITATION	2,114,904		2,114,904	0	2,114,904	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	794,551		794,551	0	794,551	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,851,085		2,851,085	0	2,851,085	90.02
90.03	09001 CLINIC	0		0	0	0	90.03
90.04	04953 SPINE CENTER	0		0	0	0	90.04
90.05	04954 INFUSION CENTERS	915,421		915,421	0	915,421	90.05
90.06	09002 MEDCHECK CLINICS	0		0	0	0	90.06
90.07	09003 KNEE CENTER	6,928,159		6,928,159	0	6,928,159	90.07
90.08	09004 PALLIATIVE CARE	298		298	0	298	90.08
90.10	09006 WORK SITE CLINICS	0		0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0		0	0	0	90.12
91.00	09100 EMERGENCY	30,675,991		30,675,991	0	30,675,991	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,507,278		9,507,278	0	9,507,278	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
200.00	Subtotal (see instructions)	637,228,220	0	637,228,220	0	637,228,220	200.00
201.00	Less Observation Beds	9,507,278		9,507,278	0	9,507,278	201.00
202.00	Total (see instructions)	627,720,942	0	627,720,942	0	627,720,942	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	194,884,616		194,884,616				30.00
31.00	03100	INTENSIVE CARE UNIT	51,166,968		51,166,968				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,555,634		15,555,634				35.00
43.00	04300	NURSERY	2,726,360		2,726,360				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	101,502,559	24,879,877	126,382,436	0.151480	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,967,548	4,581,277	11,548,825	0.189792	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,232,289	0	10,232,289	0.625013	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,704,642	45,545,132	56,249,774	0.155865	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,875,201	13,136,588	20,011,789	0.083161	0.000000		55.00
57.00	05700	CT SCAN	21,846,759	62,076,266	83,923,025	0.054304	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,678,264	9,605,716	13,283,980	0.166530	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	85,509,913	142,839,489	228,349,402	0.042205	0.000000		59.00
60.00	06000	LABORATORY	76,343,903	87,027,587	163,371,490	0.106433	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	536,806	23,377	560,183	1.062437	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,204,848	2,817,954	28,022,802	0.228129	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,852,721	22,433,366	26,286,087	0.394723	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,884,584	4,157,049	7,041,633	0.352189	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,050,952	1,807,246	2,858,198	0.351137	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,556,649	43,783,219	58,339,868	0.083667	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	956,081	6,981,369	7,937,450	0.190122	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,684,738	50,054,987	102,739,725	0.398619	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,502,823	30,500,423	79,003,246	0.431818	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,652,123	725,852,265	790,504,388	0.228967	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,698,345	0	4,698,345	0.417325	0.000000		74.00
76.00	03330	ENDOSCOPY	2,042,449	2,263,664	4,306,113	0.240698	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	21,317,048	21,317,048	1.022839	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,051,120	1,051,120	5.832016	0.000000		76.03
76.04	03952	WOUND CARE CENTER	624,038	12,605,455	13,229,493	0.328738	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,643,064	225,203,087	226,846,151	0.216272	0.000000		76.05
76.06	03953	IMAGING CENTERS	135,983	59,362,458	59,498,441	0.157623	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	18,446	5,455,493	5,473,939	0.573039	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	85,230	4,641,191	4,726,421	0.447464	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,752,878	2,752,878	0.288626	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	26,582	4,320,192	4,346,774	0.655908	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	2,363,368	2,363,368	0.387337	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	7,971	6,159,688	6,167,659	1.123304	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	101,330	101,330	0.002941	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	44,204,064	183,577,474	227,781,538	0.134673	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,253,408	8,692,097	11,945,505	0.795887	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	859,616,561	1,817,969,730	2,677,586,291				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	859,616,561	1,817,969,730	2,677,586,291				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 1:43 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.151480		50.00
51.00	05100	RECOVERY ROOM	0.189792		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625013		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155865		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.083161		55.00
57.00	05700	CT SCAN	0.054304		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.166530		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042205		59.00
60.00	06000	LABORATORY	0.106433		60.00
64.00	06400	INTRAVENOUS THERAPY	1.062437		64.00
65.00	06500	RESPIRATORY THERAPY	0.228129		65.00
66.00	06600	PHYSICAL THERAPY	0.394723		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352189		67.00
68.00	06800	SPEECH PATHOLOGY	0.351137		68.00
69.00	06900	ELECTROCARDIOLOGY	0.083667		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190122		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.431818		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228967		73.00
74.00	07400	RENAL DIALYSIS	0.417325		74.00
76.00	03330	ENDOSCOPY	0.240698		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.022839		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.832016		76.03
76.04	03952	WOUND CARE CENTER	0.328738		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.216272		76.05
76.06	03953	IMAGING CENTERS	0.157623		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.573039		76.07
76.97	07697	CARDIAC REHABILITATION	0.447464		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.288626		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.655908		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.387337		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.123304		90.07
90.08	09004	PALLIATIVE CARE	0.002941		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.134673		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.795887		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0074

Period: From 01/01/2019 To 12/31/2019

Worksheet C Part II Date/Time Prepared: 8/19/2020 1:43 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	19,144,436	3,515,460	15,628,976	0	0	50.00
51.00	05100	RECOVERY ROOM	2,191,872	480,012	1,711,860	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,395,316	856,486	5,538,830	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,767,348	1,846,493	6,920,855	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,664,194	299,205	1,364,989	0	0	55.00
57.00	05700	CT SCAN	4,557,336	636,255	3,921,081	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,212,177	839,628	1,372,549	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,637,448	1,669,402	7,968,046	0	0	59.00
60.00	06000	LABORATORY	17,388,179	601,904	16,786,275	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	595,159	31,821	563,338	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,392,823	299,484	6,093,339	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,375,720	671,248	9,704,472	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,479,989	90,495	2,389,494	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,003,618	36,574	967,044	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,881,119	428,326	4,452,793	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,509,081	135,517	1,373,564	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,953,956	1,212,784	39,741,172	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,114,999	683,633	33,431,366	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,999,242	6,125,099	174,874,143	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,960,735	50,229	1,910,506	0	0	74.00
76.00	03330	ENDOSCOPY	1,036,472	176,167	860,305	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,803,906	1,774,700	20,029,206	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,130,149	259,407	5,870,742	0	0	76.03
76.04	03952	WOUND CARE CENTER	4,349,032	274,421	4,074,611	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	49,060,464	7,277,399	41,783,065	0	0	76.05
76.06	03953	IMAGING CENTERS	9,378,307	1,331,721	8,046,586	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,136,782	137,755	2,999,027	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	2,114,904	323,004	1,791,900	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	794,551	51,678	742,873	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,851,085	206,519	2,644,566	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	915,421	90,049	825,372	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	6,928,159	815,130	6,113,029	0	0	90.07
90.08	09004	PALLIATIVE CARE	298	8	290	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	30,675,991	3,152,243	27,523,748	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,507,278	803,631	8,703,647	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	505,907,546	37,183,887	468,723,659	0	0	200.00
201.00		Less Observation Beds	9,507,278	803,631	8,703,647	0	0	201.00
202.00		Total (line 200 minus line 201)	496,400,268	36,380,256	460,020,012	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part II Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	19,144,436	126,382,436	0.151480		50.00
51.00	05100 RECOVERY ROOM	2,191,872	11,548,825	0.189792		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,395,316	10,232,289	0.625013		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,767,348	56,249,774	0.155865		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,664,194	20,011,789	0.083161		55.00
57.00	05700 CT SCAN	4,557,336	83,923,025	0.054304		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,212,177	13,283,980	0.166530		58.00
59.00	05900 CARDIAC CATHETERIZATION	9,637,448	228,349,402	0.042205		59.00
60.00	06000 LABORATORY	17,388,179	163,371,490	0.106433		60.00
64.00	06400 INTRAVENOUS THERAPY	595,159	560,183	1.062437		64.00
65.00	06500 RESPIRATORY THERAPY	6,392,823	28,022,802	0.228129		65.00
66.00	06600 PHYSICAL THERAPY	10,375,720	26,286,087	0.394723		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,479,989	7,041,633	0.352189		67.00
68.00	06800 SPEECH PATHOLOGY	1,003,618	2,858,198	0.351137		68.00
69.00	06900 ELECTROCARDIOLOGY	4,881,119	58,339,868	0.083667		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,509,081	7,937,450	0.190122		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40,953,956	102,739,725	0.398619		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,114,999	79,003,246	0.431818		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	180,999,242	790,504,388	0.228967		73.00
74.00	07400 RENAL DIALYSIS	1,960,735	4,698,345	0.417325		74.00
76.00	03330 ENDOSCOPY	1,036,472	4,306,113	0.240698		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,803,906	21,317,048	1.022839		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,130,149	1,051,120	5.832016		76.03
76.04	03952 WOUND CARE CENTER	4,349,032	13,229,493	0.328738		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	49,060,464	226,846,151	0.216272		76.05
76.06	03953 IMAGING CENTERS	9,378,307	59,498,441	0.157623		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,136,782	5,473,939	0.573039		76.07
76.97	07697 CARDIAC REHABILITATION	2,114,904	4,726,421	0.447464		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	794,551	2,752,878	0.288626		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	2,851,085	4,346,774	0.655908		90.02
90.03	09001 CLINIC	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	0	0	0.000000		90.04
90.05	04954 INFUSION CENTERS	915,421	2,363,368	0.387337		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000		90.06
90.07	09003 KNEE CENTER	6,928,159	6,167,659	1.123304		90.07
90.08	09004 PALLIATIVE CARE	298	101,330	0.002941		90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		90.12
91.00	09100 EMERGENCY	30,675,991	227,781,538	0.134673		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,507,278	11,945,505	0.795887		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	505,907,546	2,413,252,713			200.00
201.00	Less Observation Beds	9,507,278	0			201.00
202.00	Total (line 200 minus line 201)	496,400,268	2,413,252,713			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,520,413	0	8,520,413	79,423	107.28	30.00	
31.00	INTENSIVE CARE UNIT	1,820,265		1,820,265	11,736	155.10	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	86,826		86,826	2,161	40.18	35.00	
43.00	NURSERY	227,407		227,407	1,959	116.08	43.00	
200.00	Total (lines 30 through 199)	10,654,911		10,654,911	95,279		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	15,658	1,679,790					30.00
31.00	INTENSIVE CARE UNIT	4,045	627,380					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	19,703	2,307,170					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,515,460	126,382,436	0.027816	34,271,593	953,299	50.00
51.00	05100	RECOVERY ROOM	480,012	11,548,825	0.041564	1,976,437	82,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	856,486	10,232,289	0.083704	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,846,493	56,249,774	0.032827	3,679,220	120,778	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	299,205	20,011,789	0.014951	3,218,307	48,117	55.00
57.00	05700	CT SCAN	636,255	83,923,025	0.007581	7,558,196	57,299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	839,628	13,283,980	0.063206	1,196,552	75,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669,402	228,349,402	0.007311	32,260,771	235,858	59.00
60.00	06000	LABORATORY	601,904	163,371,490	0.003684	24,093,042	88,759	60.00
64.00	06400	INTRAVENOUS THERAPY	31,821	560,183	0.056805	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	299,484	28,022,802	0.010687	7,350,363	78,553	65.00
66.00	06600	PHYSICAL THERAPY	671,248	26,286,087	0.025536	1,411,526	36,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,495	7,041,633	0.012851	1,092,461	14,039	67.00
68.00	06800	SPEECH PATHOLOGY	36,574	2,858,198	0.012796	346,027	4,428	68.00
69.00	06900	ELECTROCARDIOLOGY	428,326	58,339,868	0.007342	5,306,912	38,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,517	7,937,450	0.017073	385,766	6,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,212,784	102,739,725	0.011804	17,690,498	208,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	683,633	79,003,246	0.008653	20,927,003	181,081	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,125,099	790,504,388	0.007748	19,009,199	147,283	73.00
74.00	07400	RENAL DIALYSIS	50,229	4,698,345	0.010691	2,082,358	22,262	74.00
76.00	03330	ENDOSCOPY	176,167	4,306,113	0.040911	120,261	4,920	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,774,700	21,317,048	0.083253	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	259,407	1,051,120	0.246791	0	0	76.03
76.04	03952	WOUND CARE CENTER	274,421	13,229,493	0.020743	283,565	5,882	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	7,277,399	226,846,151	0.032081	397,514	12,753	76.05
76.06	03953	IMAGING CENTERS	1,331,721	59,498,441	0.022382	8,454	189	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	137,755	5,473,939	0.025166	1,527	38	76.07
76.97	07697	CARDIAC REHABILITATION	323,004	4,726,421	0.068340	1,470	100	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	51,678	2,752,878	0.018772	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	206,519	4,346,774	0.047511	0	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	90,049	2,363,368	0.038102	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	815,130	6,167,659	0.132162	0	0	90.07
90.08	09004	PALLIATIVE CARE	8	101,330	0.000079	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	3,152,243	227,781,538	0.013839	15,096,003	208,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	803,631	11,945,505	0.067275	1,337,766	89,998	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	37,183,887	2,413,252,713		201,102,791	2,722,741	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	79,423	0.00	15,658	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	11,736	0.00	4,045	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,161	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,959	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	95,279	0.00	19,703	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	126,382,436	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	11,548,825	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,232,289	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,249,774	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	20,011,789	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	83,923,025	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,283,980	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	228,349,402	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	163,371,490	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	560,183	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	28,022,802	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	26,286,087	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,041,633	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,858,198	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,339,868	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,937,450	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	102,739,725	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	79,003,246	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	790,504,388	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,698,345	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	4,306,113	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	21,317,048	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	1,051,120	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,229,493	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	226,846,151	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	59,498,441	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	5,473,939	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,726,421	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,752,878	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	4,346,774	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,363,368	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,167,659	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	101,330	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	227,781,538	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,945,505	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	2,413,252,713		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital		
				Outpatient Program Charges before Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	34,271,593	0	6,492,086	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	1,976,437	0	82,872	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,679,220	0	11,066,610	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	3,218,307	0	9,024,424	0	55.00
57.00 05700 CT SCAN	0.000000	7,558,196	0	12,730,975	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,196,552	0	2,178,794	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	32,260,771	0	51,433,725	0	59.00
60.00 06000 LABORATORY	0.000000	24,093,042	0	20,474,513	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	7,350,363	0	380,382	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	1,411,526	0	46,185	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	1,092,461	0	12,609	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	346,027	0	3,293	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	5,306,912	0	12,454,601	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	385,766	0	1,326,168	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	17,690,498	0	14,978,802	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	20,927,003	0	10,758,778	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	19,009,199	0	246,709,281	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	2,082,358	0	0	0	74.00
76.00 03330 ENDOSCOPY	0.000000	120,261	0	522,202	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	1,269,645	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0.000000	283,565	0	5,121,218	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.000000	397,514	0	72,129,873	0	76.05
76.06 03953 IMAGING CENTERS	0.000000	8,454	0	15,593,822	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0.000000	1,527	0	127,263	0	76.07
76.97 07697 CARDIAC REHABILITATION	0.000000	1,470	0	1,766,592	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0.000000	0	0	1,738,502	0	90.02
90.03 09001 CLINIC	0.000000	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0.000000	0	0	824,981	0	90.05
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0.000000	0	0	742,484	0	90.07
90.08 09004 PALLIATIVE CARE	0.000000	0	0	23,349	0	90.08
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00 09100 EMERGENCY	0.000000	15,096,003	0	29,110,604	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,337,766	0	4,165,500	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00 Total (lines 50 through 199)		201,102,791	0	533,290,133	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	
		13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952 WOUND CARE CENTER	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	76.05
76.06	03953 IMAGING CENTERS	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	90.02
90.03	09001 CLINIC	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
90.05	04954 INFUSION CENTERS	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	90.06
90.07	09003 KNEE CENTER	0	0	90.07
90.08	09004 PALLIATIVE CARE	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 1:43 pm
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.146799	6,492,086	0	0	953,032	50.00	
51.00 05100 RECOVERY ROOM	0.189792	82,872	0	0	15,728	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.625013	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.155865	11,066,610	0	0	1,724,897	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.083161	9,024,424	0	0	750,480	55.00	
57.00 05700 CT SCAN	0.054304	12,730,975	0	0	691,343	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.166530	2,178,794	0	0	362,835	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.042205	51,433,725	0	0	2,170,760	59.00	
60.00 06000 LABORATORY	0.106220	20,474,513	0	0	2,174,803	60.00	
64.00 06400 INTRAVENOUS THERAPY	1.062437	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.228129	380,382	0	0	86,776	65.00	
66.00 06600 PHYSICAL THERAPY	0.381421	46,185	0	0	17,616	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.352189	12,609	0	0	4,441	67.00	
68.00 06800 SPEECH PATHOLOGY	0.351137	3,293	0	0	1,156	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.083667	12,454,601	0	0	1,042,039	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.190122	1,326,168	0	0	252,134	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619	14,978,802	0	0	5,970,835	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.431818	10,758,778	0	0	4,645,834	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.228967	246,709,281	296,670	291,321	56,488,284	73.00	
74.00 07400 RENAL DIALYSIS	0.417325	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0.240698	522,202	0	0	125,693	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.001994	1,269,645	0	0	1,272,177	76.01	
76.03 03951 LUTHERWOOD PARTNERSHIP	5.832016	0	0	0	0	76.03	
76.04 03952 WOUND CARE CENTER	0.328003	5,121,218	0	0	1,679,775	76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.216272	72,129,873	0	672	15,599,672	76.05	
76.06 03953 IMAGING CENTERS	0.157623	15,593,822	0	0	2,457,945	76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0.573039	127,263	0	0	72,927	76.07	
76.97 07697 CARDIAC REHABILITATION	0.447464	1,766,592	0	0	790,486	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.288626	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01	
90.02 04951 HEALTHY HEARTS CENTER	0.655908	1,738,502	0	0	1,140,297	90.02	
90.03 09001 CLINIC	0.000000	0	0	0	0	90.03	
90.04 04953 SPINE CENTER	0.000000	0	0	0	0	90.04	
90.05 04954 INFUSION CENTERS	0.387337	824,981	0	0	319,546	90.05	
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06	
90.07 09003 KNEE CENTER	1.107033	742,484	0	0	821,954	90.07	
90.08 09004 PALLIATIVE CARE	0.002941	23,349	0	0	69	90.08	
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0.132411	29,110,604	0	372	3,854,564	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.795887	4,165,500	0	156	3,315,267	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Subtotal (see instructions)		533,290,133	296,670	292,521	108,803,365	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		533,290,133	296,670	292,521	108,803,365	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	67,928	66,703		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	145		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	49		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	67,928	67,021		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	67,928	67,021		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,520,413	0	8,520,413	79,423	107.28
31.00	INTENSIVE CARE UNIT	1,820,265		1,820,265	11,736	155.10
32.00	CORONARY CARE UNIT	0		0	0	0.00
35.00	NEONATAL INTENSIVE CARE UNIT	86,826		86,826	2,161	40.18
43.00	NURSERY	227,407		227,407	1,959	116.08
200.00	Total (lines 30 through 199)	10,654,911		10,654,911	95,279	200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)			
		6.00	7.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,193	878,945			
31.00	INTENSIVE CARE UNIT	0	0			
32.00	CORONARY CARE UNIT	0	0			
35.00	NEONATAL INTENSIVE CARE UNIT	0	0			
43.00	NURSERY	1,655	192,112			
200.00	Total (lines 30 through 199)	9,848	1,071,057			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,515,460	126,382,436	0.027816	2,553,168	71,019	50.00
51.00	05100	RECOVERY ROOM	480,012	11,548,825	0.041564	367,357	15,269	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	856,486	10,232,289	0.083704	593,213	49,654	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,846,493	56,249,774	0.032827	606,217	19,900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	299,205	20,011,789	0.014951	363,767	5,439	55.00
57.00	05700	CT SCAN	636,255	83,923,025	0.007581	1,338,837	10,150	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	839,628	13,283,980	0.063206	206,580	13,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,669,402	228,349,402	0.007311	1,330,089	9,724	59.00
60.00	06000	LABORATORY	601,904	163,371,490	0.003684	5,030,675	18,533	60.00
64.00	06400	INTRAVENOUS THERAPY	31,821	560,183	0.056805	50,068	2,844	64.00
65.00	06500	RESPIRATORY THERAPY	299,484	28,022,802	0.010687	1,374,305	14,687	65.00
66.00	06600	PHYSICAL THERAPY	671,248	26,286,087	0.025536	209,423	5,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,495	7,041,633	0.012851	150,105	1,929	67.00
68.00	06800	SPEECH PATHOLOGY	36,574	2,858,198	0.012796	70,295	899	68.00
69.00	06900	ELECTROCARDIOLOGY	428,326	58,339,868	0.007342	660,486	4,849	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,517	7,937,450	0.017073	51,203	874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,212,784	102,739,725	0.011804	1,689,294	19,940	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	683,633	79,003,246	0.008653	705,214	6,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,125,099	790,504,388	0.007748	4,213,981	32,650	73.00
74.00	07400	RENAL DIALYSIS	50,229	4,698,345	0.010691	119,361	1,276	74.00
76.00	03330	ENDOSCOPY	176,167	4,306,113	0.040911	93,526	3,826	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,774,700	21,317,048	0.083253	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	259,407	1,051,120	0.246791	0	0	76.03
76.04	03952	WOUND CARE CENTER	274,421	13,229,493	0.020743	55,520	1,152	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	7,277,399	226,846,151	0.032081	2,259	72	76.05
76.06	03953	IMAGING CENTERS	1,331,721	59,498,441	0.022382	1,577	35	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	137,755	5,473,939	0.025166	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	323,004	4,726,421	0.068340	1,726	118	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	51,678	2,752,878	0.018772	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	206,519	4,346,774	0.047511	286	14	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	90,049	2,363,368	0.038102	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	815,130	6,167,659	0.132162	0	0	90.07
90.08	09004	PALLIATIVE CARE	8	101,330	0.000079	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	3,152,243	227,781,538	0.013839	3,083,027	42,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	803,624	11,945,505	0.067274	82,430	5,545	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	37,183,880	2,413,252,713		25,003,989	357,571	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	79,423	0.00	8,193	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	11,736	0.00	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,161	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,959	0.00	1,655	43.00	
200.00		Total (lines 30 through 199)	0	0	95,279	0.00	9,848	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	126,382,436	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	11,548,825	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,232,289	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,249,774	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	20,011,789	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	83,923,025	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,283,980	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	228,349,402	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	163,371,490	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	560,183	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	28,022,802	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	26,286,087	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,041,633	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,858,198	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,339,868	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,937,450	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	102,739,725	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	79,003,246	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	790,504,388	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,698,345	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	4,306,113	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	21,317,048	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	1,051,120	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,229,493	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	226,846,151	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	59,498,441	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	5,473,939	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,726,421	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,752,878	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	4,346,774	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,363,368	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	6,167,659	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	101,330	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	227,781,538	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,945,505	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	2,413,252,713		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description	Title XIX					PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges before Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	2,553,168		0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	367,357		0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	593,213		0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	606,217		0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	363,767		0	0	55.00
57.00 05700 CT SCAN	0.000000	1,338,837		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	206,580		0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	1,330,089		0	0	59.00
60.00 06000 LABORATORY	0.000000	5,030,675		0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	50,068		0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	1,374,305		0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	209,423		0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	150,105		0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	70,295		0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	660,486		0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	51,203		0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,689,294		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	705,214		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	4,213,981		0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	119,361		0	0	74.00
76.00 03330 ENDOSCOPY	0.000000	93,526		0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0		0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0.000000	0		0	0	76.03
76.04 03952 WOUND CARE CENTER	0.000000	55,520		0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.000000	2,259		0	0	76.05
76.06 03953 IMAGING CENTERS	0.000000	1,577		0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0.000000	0		0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0.000000	1,726		0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0		0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0		0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0		0	0	89.00
90.00 09000 CLINIC	0.000000	0		0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0.000000	0		0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0.000000	286		0	0	90.02
90.03 09001 CLINIC	0.000000	0		0	0	90.03
90.04 04953 SPINE CENTER	0.000000	0		0	0	90.04
90.05 04954 INFUSION CENTERS	0.000000	0		0	0	90.05
90.06 09002 MEDCHECK CLINICS	0.000000	0		0	0	90.06
90.07 09003 KNEE CENTER	0.000000	0		0	0	90.07
90.08 09004 PALLIATIVE CARE	0.000000	0		0	0	90.08
90.10 09006 WORK SITE CLINICS	0.000000	0		0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0		0	0	90.12
91.00 09100 EMERGENCY	0.000000	3,083,027		0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	82,430		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0		0	0	98.00
200.00 Total (lines 50 through 199)		25,003,989		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 1:43 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	PPS
		13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952 WOUND CARE CENTER	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	76.05
76.06	03953 IMAGING CENTERS	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	90.02
90.03	09001 CLINIC	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
90.05	04954 INFUSION CENTERS	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	90.06
90.07	09003 KNEE CENTER	0	0	90.07
90.08	09004 PALLIATIVE CARE	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 1:43 pm			
		Title XIX	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.151480	0	998,265	0	50.00
51.00	05100	RECOVERY ROOM	0.189792	0	246,238	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625013	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155865	0	2,193,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.083161	0	263,367	0	55.00
57.00	05700	CT SCAN	0.054304	0	4,634,427	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.166530	0	356,151	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042205	0	1,624,744	0	59.00
60.00	06000	LABORATORY	0.106433	0	4,887,389	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1.062437	0	3,457	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.228129	0	155,427	0	65.00
66.00	06600	PHYSICAL THERAPY	0.394723	0	362,480	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352189	0	124,375	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.351137	0	68,283	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083667	0	544,957	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190122	0	141,883	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619	0	655,194	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.431818	0	464,205	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228967	0	14,987,846	0	73.00
74.00	07400	RENAL DIALYSIS	0.417325	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.240698	0	37,309	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.022839	0	6,198,325	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.832016	0	910,955	0	76.03
76.04	03952	WOUND CARE CENTER	0.328738	0	945,495	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.216272	0	4,006,631	0	76.05
76.06	03953	IMAGING CENTERS	0.157623	0	757,656	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.573039	0	63,599	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.447464	0	14,790	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.288626	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.655908	0	49,922	0	90.02
90.03	09001	CLINIC	0.000000	0	0	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0.387337	0	8,598	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0	0	90.06
90.07	09003	KNEE CENTER	1.123304	0	10,479	0	90.07
90.08	09004	PALLIATIVE CARE	0.002941	0	7,058	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	90.12
91.00	09100	EMERGENCY	0.134673	0	19,369,356	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.795887	0	628,369	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00		Subtotal (see instructions)		0	65,720,444	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 - line 201)		0	65,720,444	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 1:43 pm	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	151,217	50.00
51.00	05100	RECOVERY ROOM	0	46,734	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	341,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,902	55.00
57.00	05700	CT SCAN	0	251,668	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,572	59.00
60.00	06000	LABORATORY	0	520,179	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,673	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,457	65.00
66.00	06600	PHYSICAL THERAPY	0	143,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	43,804	67.00
68.00	06800	SPEECH PATHOLOGY	0	23,977	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	261,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	200,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,431,722	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	8,980	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,339,889	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	5,312,704	76.03
76.04	03952	WOUND CARE CENTER	0	310,820	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	866,522	76.05
76.06	03953	IMAGING CENTERS	0	119,424	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	36,445	76.07
76.97	07697	CARDIAC REHABILITATION	0	6,618	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	32,744	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	3,330	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	0	11,771	90.07
90.08	09004	PALLIATIVE CARE	0	21	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	0	2,608,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	500,111	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	21,835,242	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	21,835,242	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 8/19/2020 1:43 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,423	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		71,932	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		15,658	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		100,800,397	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		100,800,397	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		100,800,397	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,269.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,872,507	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,872,507	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 1:43 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	20,403,162	11,736	1,738.51	4,045	7,032,273	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,219,511	2,161	1,027.08	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,600,815	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,505,595	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,307,170	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,722,741	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,029,911	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,475,684	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,491	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,269.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,507,278	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,520,413	100,800,397	0.084528	9,507,278	803,631	90.00
91.00	Nursing School cost	0	100,800,397	0.000000	9,507,278	0	91.00
92.00	Allied health cost	0	100,800,397	0.000000	9,507,278	0	92.00
93.00	All other Medical Education	0	100,800,397	0.000000	9,507,278	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 8/19/2020 1:43 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,423	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		71,932	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		8,193	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,959	15.00
16.00	Nursery days (title V or XIX only)		1,655	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		107,031,802	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		107,031,802	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		107,031,802	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,347.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,041,051	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,041,051	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
<b>NURSERY (title V &amp; XIX only)</b>						
	1,535,884	1,959	784.01	1,655	1,297,537	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00	20,533,477	11,736	1,749.61	0	0	43.00
44.00	0	0	0.00	0	0	44.00
45.00						45.00
46.00						46.00
47.00	2,219,511	2,161	1,027.08	0	0	47.00
<b>Cost Center Description</b>						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				4,758,424	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				17,097,012	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,071,057	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				357,571	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,428,628	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				15,668,384	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00	Total observation bed days (see instructions)				7,491	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,347.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				10,095,021	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,520,413	107,031,802	0.079606	10,095,021	803,624	90.00
91.00	Nursing School cost	0	107,031,802	0.000000	10,095,021	0	91.00
92.00	Allied health cost	0	107,031,802	0.000000	10,095,021	0	92.00
93.00	All other Medical Education	0	107,031,802	0.000000	10,095,021	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 1:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		34,197,686	30.00
31.00	03100	INTENSIVE CARE UNIT		16,150,894	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.146799	34,271,593	5,031,036 50.00
51.00	05100	RECOVERY ROOM	0.189792	1,976,437	375,112 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625013	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155865	3,679,220	573,462 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.083161	3,218,307	267,638 55.00
57.00	05700	CT SCAN	0.054304	7,558,196	410,440 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.166530	1,196,552	199,262 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042205	32,260,771	1,361,566 59.00
60.00	06000	LABORATORY	0.106220	24,093,042	2,559,163 60.00
64.00	06400	INTRAVENOUS THERAPY	1.062437	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.228129	7,350,363	1,676,831 65.00
66.00	06600	PHYSICAL THERAPY	0.381421	1,411,526	538,386 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352189	1,092,461	384,753 67.00
68.00	06800	SPEECH PATHOLOGY	0.351137	346,027	121,503 68.00
69.00	06900	ELECTROCARDIOLOGY	0.083667	5,306,912	444,013 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190122	385,766	73,343 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619	17,690,498	7,051,769 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.431818	20,927,003	9,036,657 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228967	19,009,199	4,352,479 73.00
74.00	07400	RENAL DIALYSIS	0.417325	2,082,358	869,020 74.00
76.00	03330	ENDOSCOPY	0.240698	120,261	28,947 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.001994	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.832016	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.328003	283,565	93,010 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.216272	397,514	85,971 76.05
76.06	03953	IMAGING CENTERS	0.157623	8,454	1,333 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.573039	1,527	875 76.07
76.97	07697	CARDIAC REHABILITATION	0.447464	1,470	658 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.288626	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.655908	0	0 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.000000	0	0 90.04
90.05	04954	INFUSION CENTERS	0.387337	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.107033	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.002941	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.132411	15,096,003	1,998,877 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.795887	1,337,766	1,064,711 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		201,102,791	38,600,815 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		201,102,791	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Title XIX	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		17,322,124	30.00
31.00	03100	INTENSIVE CARE UNIT		2,669,722	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,930,169	35.00
43.00	04300	NURSERY		362,560	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.151480	2,553,168	386,754 50.00
51.00	05100	RECOVERY ROOM	0.189792	367,357	69,721 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625013	593,213	370,766 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155865	606,217	94,488 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.083161	363,767	30,251 55.00
57.00	05700	CT SCAN	0.054304	1,338,837	72,704 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.166530	206,580	34,402 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042205	1,330,089	56,136 59.00
60.00	06000	LABORATORY	0.106433	5,030,675	535,430 60.00
64.00	06400	INTRAVENOUS THERAPY	1.062437	50,068	53,194 64.00
65.00	06500	RESPIRATORY THERAPY	0.228129	1,374,305	313,519 65.00
66.00	06600	PHYSICAL THERAPY	0.394723	209,423	82,664 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352189	150,105	52,865 67.00
68.00	06800	SPEECH PATHOLOGY	0.351137	70,295	24,683 68.00
69.00	06900	ELECTROCARDIOLOGY	0.083667	660,486	55,261 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.190122	51,203	9,735 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.398619	1,689,294	673,385 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.431818	705,214	304,524 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228967	4,213,981	964,863 73.00
74.00	07400	RENAL DIALYSIS	0.417325	119,361	49,812 74.00
76.00	03330	ENDOSCOPY	0.240698	93,526	22,512 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.022839	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.832016	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.328738	55,520	18,252 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.216272	2,259	489 76.05
76.06	03953	IMAGING CENTERS	0.157623	1,577	249 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.573039	0	0 76.07
76.97	07697	CARDIAC REHABILITATION	0.447464	1,726	772 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.288626	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.655908	286	188 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.000000	0	0 90.04
90.05	04954	INFUSION CENTERS	0.387337	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.123304	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.002941	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.134673	3,083,027	415,200 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.795887	82,430	65,605 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		25,003,989	4,758,424 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		25,003,989	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS</b>				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	36,512,243	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,536,938	7,476,345	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	1,118,356	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	265,370	313,934	2.04
3.00	Managed Care Simulated Payments	21,704,502	4,792,118	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	305.04		4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	32.51		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	2.69		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	-9.69		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	10.39		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	30.52		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	43.47		10.00
11.00	FTE count for residents in dental and podiatric programs.	2.79		11.00
12.00	Current year allowable FTE (see instructions)	33.31		12.00
13.00	Total allowable FTE count for the prior year.	26.15		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	26.77		14.00
15.00	Sum of lines 12 through 14 divided by 3.	28.74		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	28.74		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.094217		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.093136		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.093136		21.00
22.00	IME payment adjustment (see instructions)	2,035,095	370,655	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,076,044	237,579	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	12.95		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	2,035,095	370,655	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,076,044	237,579	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.25		30.00
31.00	Percentage of Medicaid patient days (see instructions)	38.89		31.00
32.00	Sum of lines 30 and 31	48.14		32.00
33.00	Allowable disproportionate share percentage (see instructions)	28.93	12.00	33.00
34.00	Disproportionate share adjustment (see instructions)	2,968,882	224,290	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000683862	0.000259811	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,657,507	2,169,581	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,231,504	545,359	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,776,863		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before GEO Recl ass	On/After GEO Recl ass	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	51,668,388	8,930,583	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		61,912,594	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,569,385	50.00
51.00	Exception on payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		402,473	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		66,884,452	59.00
60.00	Primary payer payments		15,532	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		66,868,920	61.00
62.00	Deductibles billed to program beneficiaries		4,185,012	62.00
63.00	Coinurance billed to program beneficiaries		149,699	63.00
64.00	Allowable bad debts (see instructions)		957,760	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		622,544	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,442	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,156,753	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-185,816	70.93
70.94	HRR adjustment amount (see instructions)		-165,218	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 1:43 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			646,189	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			62,159,530	71.00
71.01	Sequestration adjustment (see instructions)			1,243,191	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			60,550,526	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			365,813	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,921,531	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		134,949	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		108,803,365	2.00
3.00	OPPS payments		85,945,994	3.00
4.00	Outlier payment (see instructions)		677,175	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		134,949	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		589,191	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		589,191	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		589,191	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		454,242	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		134,949	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		86,623,169	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		59,334	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		14,560,826	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		72,137,958	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		669,327	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		72,807,285	30.00
31.00	Primary payer payments		26,026	31.00
32.00	Subtotal (line 30 minus line 31)		72,781,259	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,626,711	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,057,362	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		921,120	36.00
37.00	Subtotal (see instructions)		73,838,621	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-271	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		46,282	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		73,838,892	40.00
40.01	Sequestration adjustment (see instructions)		1,476,778	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		71,741,947	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		620,167	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0074		Period: From 01/01/2019 To 12/31/2019		Worksheet E-1 Part I Date/Time Prepared: 8/19/2020 1:43 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		60,550,526		71,741,947	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		60,550,526		71,741,947	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		365,813		620,167	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		60,916,339		72,362,114	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/19/2020 1:43 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		26.92 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		2.82 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		-9.69 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		9.31 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		23.72 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		43.47 6.00
7.00	Enter the lesser of line 5 or line 6		23.72 7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	33.12	10.35	43.47	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.07	5.65	23.72	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.79		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.79		10.01
11.00	Total weighted FTE count	18.07	8.44		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	33.13	7.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	33.43	4.50		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	28.21	6.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	28.21	6.73		17.00
18.00	Per resident amount	86,866.23	87,687.83		18.00
19.00	Approved amount for resident costs	2,450,496	590,139	3,040,635	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			19.75	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,040,635	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	19,703	11,493		26.00
27.00	Total Inpatient Days (see instructions)	86,219	86,219		27.00
28.00	Ratio of inpatient days to total inpatient days	0.228523	0.133300		28.00
29.00	Program direct GME amount	694,855	405,317	1,100,172	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		28,372	28,372	30.00
31.00	Net Program direct GME amount			1,071,800	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/19/2020 1:43 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,698,345	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		65,505,595	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		15,532	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		65,490,063	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		108,938,314	42.00
43.00	Primary payer payments (see instructions)		26,026	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		108,912,288	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		174,402,351	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.375511	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.624489	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,071,800	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		402,473	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		669,327	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G  
Date/Time Prepared:  
8/19/2020 1:43 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,440	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	86,930	0	0	0	3.00
4.00	Accounts receivable	3,235,974,141	0	0	0	4.00
5.00	Other receivable	26,493,466	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	6,865,571	0	0	0	6.00
7.00	Inventory	9,357,505	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,330,142	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,285,118,195	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,209,543	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	489,131,131	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	11,166,075	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	216,216,727	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	238,280	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-354,715,560	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	369,048,145	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-2,711,882,484	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-2,711,882,484	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	942,283,856	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	855,575	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-321,184	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,888,214	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,422,605	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,595,021	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,595,021	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,017,626	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	919,266,230	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	919,266,230	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	942,283,856	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-1

Date/Time Prepared:  
8/19/2020 1:43 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		724,405,417			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		194,860,813				2.00
3.00	Total (sum of line 1 and line 2)		919,266,230			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		919,266,230			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		919,266,230			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
8/19/2020 1:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	65,518,070		65,518,070	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,518,070		65,518,070	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,893,168		12,893,168	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	15,580,327		15,580,327	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,473,495		28,473,495	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,991,565		93,991,565	17.00
18.00	Ancillary services	731,524,760	1,971,261,507	2,702,786,267	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	19,649,915	19,649,915	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	825,516,325	1,990,911,422	2,816,427,747	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		750,958,232		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		750,958,232		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

Period:  
From 01/01/2019  
To 12/31/2019

Worksheet G-3

Date/Time Prepared:  
8/19/2020 1:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,816,427,747	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,893,366,755	2.00
3.00	Net patient revenues (line 1 minus line 2)	923,060,992	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	750,958,232	4.00
5.00	Net income from service to patients (line 3 minus line 4)	172,102,760	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,583,303	6.00
7.00	Income from investments	1,094,941	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	23,259	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,137,007	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	948	21.00
22.00	Rental of hospital space	526,856	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	16,391,739	24.00
25.00	Total other income (sum of lines 6-24)	22,758,053	25.00
26.00	Total (line 5 plus line 25)	194,860,813	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	194,860,813	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/19/2020 1:43 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
<b>CAPITAL FEDERAL AMOUNT</b>					
1.00	Capital DRG other than outlier		3,332,602	595,282	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		164,338		2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0		2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		238.25		3.00
4.00	Number of interns & residents (see instructions)		28.74		4.00
5.00	Indirect medical education percentage (see instructions)		3.46		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		135,905		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.25		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		38.89		8.00
9.00	Sum of lines 7 and 8		48.14		9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.24		10.00
11.00	Disproportionate share adjustment (see instructions)		341,258		11.00
12.00	Total prospective capital payments (see instructions)		4,569,385		12.00
				1.00	
<b>PART II - PAYMENT UNDER REASONABLE COST</b>					
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0	14.00
15.00	Current year allowable operating and capital payment (see instructions)			0	15.00
16.00	Current year operating and capital costs (see instructions)			0	16.00
17.00	Current year exception offset amount (see instructions)			0	17.00